# 526 Rec'd PCT/PTO 19 JUL 2001

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U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

032513-010

U.S. APSINCATNON NO. (If known, see 37 C.F.R. 1.5)

	CONCERNING A FILING UNDER 35 U.S.C. 371								
		ONAL APPLICATION NO.	PRIORITY DATE CLAIMED 19 January 1999						
APPL	TITLE OF INVENTION APPLICATION OF A VIRAL COMPLEMENT INHIBITORY PROTEIN IN THE TREATMENT AND DIAGNOSIS OF ALZHEIMER'S DISEASE								
APPLICANT(S) FOR DO/EO/US Girish J. KOTWAL; James DALY, IV									
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:									
1.	Ճ	This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.							
2. C	3	This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.							
3.	₫	This is an express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and the PCT Articles 22 and 39(1).							
4.	₫	A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date.							
<u>5</u> . 🛭	₫	A copy of the International Application as filed (35 U.S.C. 371(c)(2))							
		a. $\square$ is transmitted herewith (required only if not transmitted by the International Bureau).							
		b. D has been transmitted by the International Bureau.							
## ##		c. 🛮 is not required, as the application was filed in the United States Receiving Office (RO/US)							
6. C	]	A translation of the International Application into English (35 U.S.C. 371(c)(2)).							
7. E	]	Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))							
zž		a. $\square$ are transmitted herewith (required only if not transmitted by the International Bureau).							
		b.  have been transmitted by the International Bureau.							
And Sunday		c. D have not been made; however, the time limit for making such amendments has NOT expired.							
ed d	()	d. $\Box$ have not been made a	nd will not be made.						
8. C	1	A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).							
9.	]	An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).							
10. C	]	A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).							
Items 11. to 16. below concern other document(s) or information included:									
11.	₫	An Information Disclosure Statement under 37 CFR 1.97 and 1.98.							
12. E	]	An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.							
13. C	]	A FIRST preliminary amendment.							
	]	A SECOND or SUBSEQUENT preliminary amendment.							
14. E	]	A substitute specification.							
15. C	]	A change of power of attorney a	and/or address letter.						
16.	₫ '	Other items or information: 1st PAGE OF PUBLISHED APPLICATION; IPER							

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17	⊠ I⊠	The following	face are submitted.				CAL	CULATIONS		PTO USE ONLY
	17. Mark The following fees are submitted:								<u> </u>	
Başıo	Basic National Fee (37 CFR 1.492(a)(1)-(5)):  Neither international preliminary examination fee (37 CFR 1.482)									
	nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO									
	International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO \$860.00 (970)									
1	International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO \$710.00 (958)									
International preliminary examination fee paid to USPTO (37 CFR 1.482) but all claims did not satisfy provisions of PCT Article 33(1)-(4) \$690.00 (956)										
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	Processing fee of \$130.00 (156) for furnishing the English translation later than 20 \(\sigma\) 30 \(\sigma\) months from the earliest claimed priority date (37 CFR 1.492(f)).						\$			
					TOTAL N	ATIONAL FEE =	\$	690.00		
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 (581) per property +						t be accompanied by	\$			
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NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 must be filed and granted to restore the application to pending status.							1.137(a	a) or (b))		
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\* \*

Patent Attorney's Docket No. <u>032513-010</u>

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	)
Girish J. KOTWAL et al	) Group Art Unit: Not yet assigned
Serial No.: 09/889,624	) Examiner: Not yet assigned
Filed: July 19, 2001	) ATTENTION: BOX SEQUENCE
For: APPLICATION OF A VIRAL COMPLEMENT INHIBITORY PROTEIN IN THE TREATMENT AND DIAGNOSIS OF ALZHEIMER'S DISEASE	) ) ) ) ) )

### **REPLY**

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

In response to the Notification of Missing Requirements Under 35 U.S.C. 371 dated September 7,2001, please amend the above-identified application as follows:

### IN THE SPECIFICATION:

In compliance with 37 C.F.R. §1.823(a), please insert the attached paper copy of the "Sequence Listing" after the last page of the above-identified application.

Serial No.: 09/889,624

## **REMARKS**

The paper copy of the Sequence Listing for the subject application, is by this amendment, added after the last page of the application.

Favorable consideration on the merits is respectfully requested.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By\_

Teresa Stanek Rea Registration No. 30,427

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Date: //7/0/

### SEQUENCE LISTING

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      Daly, James, IV
<120> Application of a Viral Complement Inhibitory Protein in the Treatment
      and Diagnosis of Alzheimer's Disease
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<141> 2001-07-19
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# APPLICATION OF A VIRAL COMPLEMENT INHIBITORY PROTEIN IN THE TREATMENT AND DIAGNOSIS OF ALZHEIMER'S DISEASE

### BACKGROUND OF THE INVENTION

#### 1. Field of the Invention

The present invention provides a novel treatment for senile dementia (Alzheimer's Type), comprising administering an anti-complement protein to a patient in need of such treatment in an amount sufficient to inhibit the complement cascade and thereby inhibit the production of amyloid plaques in the brain of the patient.

#### 10 2. **Description of the Related Art**

Alzheimer's Disease (AD) is a slowly debilitating neurodegenerative chronic illness that may progress for a decade or longer before death ensues. The disease often strikes later in life. This is evidenced by the fact that half of those over the age of 80 years are afflicted with the disorder. At present, it is the fourth leading cause of adult deaths in the US alone, at an annual cost of approximately \$100 billion. As the longevity of the world's population increases, this disease will become an even greater problem unless a better understanding of the disease process and its management is achieved.

Alois Alzheimer is credited with being the first to diagnose what is now known as Alzheimer's disease (AD). In 1906, Alzheimer reported a case of what he termed "presenile dementia" in a 51 year old patient at a psychiatric meeting in Southwest Germany. He recognized certain characteristics that he felt differentiated it from the usual diagnosis of dementia. First was the early onset of the disease in an otherwise healthy young woman. More importantly, however, were the histological changes he found in sections of brain tissue from the patient. Alzheimer described seeing amyloid (starch-like) plagues and coarse-fibered proliferations of

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neurofibrils under the microscope. Several other researchers in years following reported similar findings of presenile dementia, and in 1910 a textbook of psychiatric disorders defined this form of dementia as "Alzheimer's disease." The eponym was adopted in the literature and became the standard. It is perhaps fitting, since Alzheimer's original observations are still the main criteria of diagnosis for the disease.

The plaques and neurofibrils described by Alzheimer, which are today called senile plaques and neurofibrillary tangles (NFT), are used as a definitive diagnosis of AD (Figure 1) (Palmert, M.R. *et al.* (1996) *Science* 24:11080-11084). The plaques and tangles are seen primarily in the hippocampus, amygdala, and the cerebral cortex (Van Broeckhoven, C.L. (1995) *Eur. Neurol.* 35:8-19). Evidence for either a molecular or immunological disease origin may be found in the plaques and tangles, depending upon a researcher's point of reference. From a molecular perspective, the initial identification of specific mutations within the amyloid precursor protein (APP) (Schellenberg, G.D. *et al.* (1991) 49:511-517) and the presence of A $\beta$  (a derivative of APP) in plaques points to a unique protein cause for AD.

Several other protein players have since entered the AD arena. These include the already mentioned major constituent of NFTs, tau, as well as three recent additions. Presenilins 1 and 2 are integral membrane proteins coded for on different chromosomes, that when mutated are responsible for up to 90% of the cases of autosomal dominant early-onset familial Alzheimer's disease (FAD) (Thinakaran, G. *et al.* (1996) *Neuron* 17(1):181-190). Although FAD accounts for only 10%, of all cases of AD, there is evidence of an interaction between the presenilins and APP (Weidemann, A. *et al.* (1997)*Nat. Med.* 3(3):328-332). Therefore, even normal forms of the proteins may play a role in the far more common sporadic AD. Finally, a specific isoform of apolipoprotein E (apoE), apoE4,

has been shown to be a strong genetic risk factor for AD (Stritmatter, W.J. *et al.* (1993) *Proc. Natl. Acad. Sci. USA* 90:8098-8102). People carrying two copies of the of the E4 isoform have a statistically greater risk of developing late-onset AD and *in vitro* experiments have shown that apoE is capable of binding to Aβ (Stritmatter, W.J. *et al.* (1994) *Proc. Natl. Acad. Sci. USA* 91:11183-11186).

The histopathological investigations into AD also point to the immune response having an important role in disease progression. The presence of activated microglia, reactive astrocytes, acute phase proteins, and complement factors within and around neuritic plaques are all signs of in inflammatory response. It is known that APP is capable of binding specifically to C1q, which can trigger activation of the classical pathway of the complement cascade in an antibody-independent manner (Webster, S. et al. (1995) Biochem. Biophys. Res. Comm. 217:869-875). Deposition of complexes and formation of immunomodulators by the cascade have been credited with activating the microglia - macrophages of the brain - which in turn cause a progression and maintenance of the inflammation. Local tissue destruction follows, along with a further persistence and increase in inflammation.

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Histological and Immunohistopathological Features of AD

The plaques are the most distinctive feature found in the brain tissue of patients with AD. These characteristic plaques are composed of an aggregation of the A $\beta$  peptide, which is a by-product of APP metabolism. Morphologically distinct varieties of A $\beta$  deposits have been described from conventional silver staining of histological sections:

Early lesions, referred to as diffuse plaques, are formed from  $A\beta$  deposits but are not associated with dystrophic neurites. Diffuse plaques are found in nondemented persons over the age of 65 years and are

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immunoreactive with a variety of different anti-AP antibodies. However, they generally are not stained with dyes like Congo red and thioflavin S.

In sharp contrast, amyloid plaques (also referred to as neuritic plaques because they contain cells and subcellular components such as astrocytic processes, dystrophic neurites, microglia, neurons with or without neurofibrillary tangles and proteins such as complement components, apolipoprotein E and alpha-1-chymotrypsin) develop at later stages of AD. As seen in the autopsied brain tissue in Figure 1, they appear dark in the center when stained with silver, and also stain with both Congo red and thioflavin S.

Recently, new lesions known as "AMY" plaques have been reported. This third type of plaque is similar to the amyloid plaques but have no central amyloid core (Schmidt, M.L. *et al.* (1995) *Am. J. Pathol.* 147:503-515.

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Besides plaques, the intracellular neurofibrillary tangles are often also characteristic of AD brain tissue. The plaques and neurofibrillary tangles are the primary diagnostic features of AD. However, immunohistochemical staining is becoming more useful as additional antibodies specific to plaque components are developed. An immunodominant region of APP has been localized to the C-terminal tail. This region of the processed APP had been postulated to remain intracellular and was recently shown to accumulate specifically in the neuronal cells of the hippocampus and amygdala of AD patients, but not in similar tissue of the normal age-matched patients (Kotwal, G.J. et al. (1997) Soc. Neurosci. Abstr. 22:502). As shown in the right portion of Figure 1, a high titer antibody to the immunodominant region can give rise to specific intracellular immunohistochemical staining in the amygdala, which may someday find routine usage to confirm diagnosis in conjunction with clinical history and silver staining. Additionally, the

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presence of the C-terminus demonstrates that the C-terminal tail of APP accumulates intracellularly in neural tissue of those suffering from AD.

### Molecular Genetics of AD

There are several critical molecules their directly or indirectly contribute to the disease state in AD (Selkoe, D.J. (1997) *Science* 275:630-631). These molecules, their chromosomal locations, and how they may impact AD are summarized in Table 1.

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Table 1. Major proteins implicated in Alzheimer's Disease						
Protein	Chromosome	Gene Defect	Age of Onset	Effect on Aβ Production	Sporadic v. Familial	
APP	21	Mutations in the C-terminus	50s	Increased Production	Sporadic/Familial	
ApoE4	19	Polymorphisms	>60	increased density of Aβ plaques	Sporadic	
Presenilin 1	14	Mutations	40s and 50s	Increased production	Familial	
Presenilin 2	1	Mutations	50s	Increased production	Familial	
Tau	17	None found	Unknown	No known influence on Aβ synthesis	Sporadic?	

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The genetic defects in the critical molecules identified to date lead to increased biosynthesis increased aggregation, or decreased clearance of Aβ peptides. Thus, Aβ accumulation is a necessary step in the pathogenesis of AD, but does not account for all the pathogenesis of AD. The gene that is implicated as a risk factor in late-onset sporadic AD and associated with increased risk for AD is the lipid carrier, apolipoprotein E (apoE) epsilon 4 allele (Stritmatter, W.J. & Roses, A.D. (1996) *Ann. Rev. Neurosci.* 19:53). It is suggested that apoE4 is less efficient at cell repair

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than the alleles E2 and E3. The apoE4 is thought not only to contribute to the formation of β-amyloid plagues, but also to account for the neurofibrillary tangles. It has been suggested that apoE may bind to AB and after exiting astrocytes may get trapped into low-density lipoprotein (LDL)-related proteins present on the surface of neurites of apoptotic neurons. ApoE is further suggested to provide protective binding to the tau protein, thus preventing homodimerization. The homodimerization creates paired helical filament formation, which in turn forms the neurofibrillary tangles. In addition, it has been proposed that the alleles of apoE (except E4) contribute to the formation of stabilized cross-bridges on microtubules, and that in the absence of the tau protein microtubules cannot assemble and so the shape and synaptic integrity of cells are not maintained. Since apoE4 has a high affinity for Aβ and the lowest among the isoforms for tau it cannot prevent the formation of neurofibrillary tangles and does not allow microtubule assembly, thus contributing to some of the pathogenesis of AD (Roses, A.D. (1997) Hosp. Pract. 32(7):51-63).

The most recent group of proteins discovered to have an involvement in AD are the two presentlins (PS1 and PS2). Point mutations in these proteins are sufficient to cause early-onset FAD. The roughly 30 mutations in PSI and 2 in PS2 account for at least 50% of the early-onset FAD cases. These proteins are highly conserved with each other.

Structure, Processing, and Interaction of Critical Molecules

APP is an integral membrane glycoprotein with a large extracellular amino terminus, a single passage through the cell membrane, and a short carboxy-terminal tail, as illustrated in Figure 2. It is expressed ubiquitously throughout the body and is found in several tissue-specific isoforms due to variant splicing. The largest isoform (APP<sub>770</sub>) contains a putative kunitz protease inhibitor (KPI); however, the form found predominantly in neuronal

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tissue, APP<sub>695</sub> does not contain the KPI region. The normal functions of APP have been proposed to include action as a cell receptor, involvement in cell-cell interactions, and inhibition of proteases (KPI), among others (Selkoe, D.J. (1997) *Science* 275:630-631).

APP contains a signal peptide on its N-terminus and is membraneanchored, so it is processed through the secretory pathway after translation (see Figure 3). This pathway begins with cotranslational translocation across the membrane of the endoplasmic membrane (ER) into its lumen, with anchorage in the membrane occurring at the transmembrane domain. Processing of the protein to maturity, including glycosylation and sulfation, continues through the ER and into the Golgi network (Adams, C. (1997) *Gerontology* 43:8-19).

Proteolytic cleavage of APP can also occur as part of its processing through the secretary pathway. Somewhere between the trans-Golgi network and its localization on the cell surface, APP is cleaved at a region on the extracellular side of APP near the membrane in the region that could otherwise form AB (Sisodia, S.S. et al. (1990) Science 248:492-495), thus prohibiting its formation. The membrane-bound endoprotease responsible for the cleavage has been dubbed α-secretase and appears to require for its specificity no more than an α-helical conformation and a specified distance of 12-13 residues from the membrane (Sisodia, S.S. (1992) Proc. Nat. Acad. Sci. USA 89:6075-6079). If cleavage occurs, the soluble amino terminus is released into the solvent, while the carboxyl end remains membrane bound, presumably being degraded. If α-secretase does not hydrolyze APP, then the intact protein may be rapidly reinternalized via a clathrin-mediated endosomal pathway, where it may be either recycled to the surface through an early endosome or fused with a lysosome for degradation (Selkoe, D.J. (1996) J. Biol. Chem. 271:18295-18298).

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Aβ is likely to be formed during this process, probably in the early endosome, due to proteolytic cleavage by enzyme(s) called β-secretase and γ-secretase (see Figure 2). Recycling to the surface would result in release of Aβ into the extracellular medium. It has been demonstrated that Aβ production requires APP to be membrane bound and localized to a slightly acidic vesicle, such as the early endosome or the late trans-Golgi (Selkoe, D.J. (1996) *Ann. N.Y. Acad. Sci.* 777:57-64). The entire processing pathway is tightly controlled. For instance, upregulation of the protein kinase C (PKC) pathway by muscarinic receptors results in an increase in the α-secretase cleavage and a decrease in Aβ production. Serum levels of ligands for these receptors, such as acetylcholine and interleukin-1 (IL-1), have been reported to be abnormal in AD patients (Buxbaum, J.D. & Greengard, P. (1996) *Ann. N.Y. Acad. Sci.* 777:327-331). An intracellular increase in calcium will also upregulate α-secretase activity (Adams, C. (1997) *Gerontology* 43:8-19).

It is known that mutating APP, such as occurs in some cases of early-onset FAD, is sufficient to cause AD. The presence of A $\beta$  in diffuse plaques (precluding symptom onset), its ability to form insoluble filaments *in vitro*, trisomy 21 in Down's syndrome (patients develop early-onset AD), the exhibited direct neurotoxicity, and the interaction with numerous molecules believed to be involved with AD including immune molecules, all point to APP's, and specifically A $\beta$ 's, pivotal role in AD pathogenesis (Spillantini, M.G. *et al.* (1996) *Acta Neuropath.* (*Berl.*) 92:42-48).

One likely mechanism proposed (Stritmatter, W.J. & Roses, A.D. (1996) *Ann. Rev. Neurosci.* 19:53) is that either an increase in Aß production or a decrease in clearance caused by a variety of different genetic, molecular, or environmental conditions results in Aß accumulation into fibrils and then diffuse plaques. These plaques activate an inflammatory response (see below and Figure 4), which can cause local cellular damage, in turn

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creating more inflammation. Alternatively, or together, the Aβ in the plaques may be directly toxic to neurons, resulting in a similar outcome. The cell damage could result in metabolic changes, which might explain the production of the NFTs seen associated with AD. Persistence of inflammation would result in an ever-spreading synaptic loss and eventual cell death, up to and beyond clinical symptoms of impairment.

A final proposed role of APP in AD involves its C-terminal region. It has been demonstrated that a specific region of the APP terminus (amino acids 657-676) is able to specifically bind and activate heterotrimeric G proteins (see Figure 2) (Selkoe, D.J. (1996) J. Biol. Chem. 271:18295-18298). More specifically, a generated peptide corresponding to APP<sub>657-676</sub> will bind only with the  $G\alpha_0$  subset of G proteins, and it binds with even greater affinity if the transmembrane region is included (Dragunow, M. & Preston, K. (1995) Brain Res. Rev. 2:11-28). This suggests that APP acts as a G<sub>o</sub>-coupled signal receptor. This theory is supported by experiments using a monoclonal antibody generated to the extracellular domain of APP. Application of this antibody to APP<sub>695</sub> increased binding of the C-terminus Go, but not to other cellular heterotrimeric G proteins (Lassmann, H. et al. (1995) Acta Neuropath. (Berl.) 92:42-48). Activation of G proteins can result in a signal cascade which ends with apoptotic cell death. It may be that the APP C-terminus could be pathogenic in apoptotic manner, if it accumulates past a critical threshold within cells.

The other important component of AD histopathology is the neurofibrillary tangles (NFTs). There is good evidence that NFTs play an important role in the initiation of AD pathology. This evidence focuses on the microtubule associated protein, tau. When functioning properly, tau binds microtubules and promotes their stable polymerization into fibrils within the cell (Roses, A.D. (1997) *Hosp. Pract.* 32(7):51-63). When tau becomes hyperphosphorylated, it is no longer able to bind microtubules,

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which causes them to become destabilized, thus resulting in disruption of cellular trafficking and compromises in cytoskeletal integrity. Tau hyperphosphorylation results from an impaired ability to remove phosphates. The microtubule destabilization has been proposed to disrupt axonal transport which causes dying back of axons, impairing synaptic transmission (Peskind, E.R. (1996) *J. Clin. Psychiatry* 57 (Suppl. 14): 5-8). Such a mechanism of AD pathogenesis would not require an interaction with Aβ and therefore would not necessitate plaque formation. Indeed, comparison of a recently discovered presenile dementia lacking plaques but containing tangles shows tau forms and NFTs to be identical to those in AD according to several different analytical methods (Spillantini, M.G. *et al.* (1996) *Acta Neuropath.* (*Berl.*) 92:42-48).

Hyperphosphorylated tau binds itself, forming long filaments (PHFs), which accumulate intracellularly to form the recognized NFTs. It his been shown that carbamoylation or glycation of cationic tau residues will result in NFTs like those seen in AD. These cationic sites, particularly lysine residues, appear to be important for microtubule binding. Therefore, the phosphorylation of tau probably blocks the normal binding sites of tau to microtubules, preventing interaction (Farias, G. et al. (1997) Mol. Cell. Biochem. 168:59-66). NFTs may themselves be pathogenic if they accumulate to such an extent within the cell that they impair normal cellular processes. Also, it has been postulated that isoforms of apoE may interact with tau as well and inhibit or enhance NFT formation (discussed above).

As discussed in detail earlier, ApoE plays a role in at least sporadic AD, and perhaps FAD as well. In particular, the ApoE4 isoform increases the likelihood and decreases the age of onset of AD (Corder, E.H. et al. (1993) Science 261:921-923). ApoE is a 34-kDa protein found circulating throughout the body as well as the central nervous system. In the brain, ApoE scavenges lipid from degenerating neurons and redistributes it to

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branching neurites via uptake by the low-density lipoprotein (LDL) or LDL-related protein (LRP) receptors (Mahley, R.W. *et al.* (1996) *Ann. N.Y. Acad. Sci.* 777:139-145). ApoE also binds A $\beta$ , and so along with its receptor may be a means of mopping up extracellular A $\beta$  (Rebeck, G.W. (1995) *Ann. Neurol.* 37:211-217).

Presenilins 1 and 2 (PS1, PS2) are also involved in AD. PS1 has been shown to be membrane-anchored and contain eight membrane-spanning regions. The amino and carboxyl termini are both located on the cytoplasmic side of the membrane, along with a large hydrophilic loop between transmembrane domains six and seven. This loop is proteolytically cleaved during maturation of the protein to produce an approximately 25-28 kDa N-terminal and an approximately 16-19 kDa C-terminal protein. The shape is hypothesized to be a barrel within the membrane, with the loop acting as a gate (Rohan de Silva, H.A., & Patel, A.J. (1997) *Neuroreport* 8(8):i-xii). The mature form has been shown to localize primarily to the perinuclear membrane regions (ER and Golgi), with a small percentage in the surface membrane (Tanzi, R.E. *et al.* (1996) *Alzheimer's Dis. Rev.* 1:190-198).

The presenilins show close homology to two proteins of Caenorhabditis elegans, SPE4 and SEL12. SPE4 mediates the docking of a Golgi-derived organelle which stores and transports polypeptides (Takeshima, A. et al. (1996) Biochem. Biophys. Res. Comm. 227:423-426). This suggests a role in protein trafficking through the secretary pathway for the presenilins. SEL12 facilitates signaling by the Notch family of receptors (Beyreuther, K. & Masters, C.L. (1997) Nature Med. 3:723-725). These receptors are involved in determination of cell fate during development. This may indicate a role in cell signaling for the presenilins, or perhaps SEL 12 controls transport of second messengers between the nuclear and surface

membrane. The latter possibility would again suggest a role for the presentlins in protein trafficking.

A role in cell signaling or protein trafficking relates to AD pathogenesis in the following manner. It is known that mutations in either of the presenilins result in an increase in the expression of A $\beta$ 42 without an increase in APP expression (Citron, M. *et al.* (1997) *Nature Med.* 3:67-72). Also, immunoprecipitation of coexpressed PS2 and APP in cell culture results in complexes of PS2/immature APP (Weidemann, A. *et al.* (1997)*Nat. Med.* 3(3):328-332). Together, these two pieces of evidence, along with homology and localization studies, suggest that presenilins regulate trafficking and processing of APP through the secretary pathway. When mutations occur in presenilins, it is likely that conformational changes induce a change of function or a new function with regard to APP processing, which results in an increase in the amount of A $\beta$  produced.

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### Complement-Mediated Inflammatory Response in AD

The neuritic/amyloid plaques which are the hallmark of AD consist of aggregated Aβ, along with a number of complement components and complement control proteins such as C1 inhibitor and other noncomplement proteins. In addition, the neuritic plaques are associated with damaged (dystrophic) neuronal processes, activated microglia, and reactive astrocytes.

An area of intense research has been the antibody-independent activation of complement by nonfibrillar A $\beta$ , the form found in diffuse plaques in the brain. An even more potent activator of complement is the  $\beta$ -pleated sheet aggregated A $\beta$  that forms the fibrils found in neuritic plaques (Webster, S. et al. (1996) Mol. Immunol. 33:29). Both the classical complement pathway (CCP) and the alternate complement pathway (ACP) are activated by A $\beta$ , leading to the formation of ester linked A $\beta$ /C3 com-

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plexes, generation of a potent proinflammatory response due to products C5a and C5b-9, and formation of membrane attack complexes (MACS) (*id.*). This local inflammatory response results in the development of an intensely neurotoxic environment due to the influx and activation of glial cells, and damage to neurons near the neuritic plaques.

Specific interaction domains of the A $\beta$  peptide involved in binding to C1q have been reported by Tenner's group. Amino acid residues 4-11 of A $\beta$  have been identified as critical in the binding to C1q, the subunit of C1 that is involved in the activation of the classical complement pathway. Residue number 7, an aspartic acid in A $\beta$ , is believed to be a very critical site for this protein to interact with C1q (Velazquez, P. et al. (1997) Nature Med. 3:77-79). Because of the activation of complement and the triggering of signal transduction processes in the classic injury cascade in response to the A $\beta$ ; it has been suggested that an amplified A $\beta$  cascade is set off which converts an acute-phase injury response into a chronic one (Cotman, C.W. et al. (1996) Neurobiol. Aging 17:723-731). This chronic response is supposedly maintained by continuous stimulation and injury and may be an underlying cause for neuronal dysfunction and progressive degeneration.

Due to the clear involvement of complement in the inflammatory response in AD, targeting the complement system would be expected to slow or stop the progression of AD without affecting the beneficial effects of the normal protective functions of the body's first line of defense. In addition, active regions of several of the microbial immunomodulatory proteins, which target the complement cascade at various sites, can be employed for therapeutic intervention in inflammatory responses due to activation of the complement cascade (Kotwal, G.J. (1996) *Immunologist* 4:157-164). For example, the inflammation modulatory protein (IMP), a small complement-binding protein that has been shown to be functionally similar to CR1, has been shown in *in vivo* experiments to cause a

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diminished specific swelling response (Miller, C.G. et al. (1997) Virology 22:126-133).

### Neuroautoimmunity

Besides complement-mediated inflammation, inflammation resulting from autoimmunity has also been proposed to play a role in the pathogenesis of AD. According to the neuroautoimmunity model, cellmediated immunity (CMI) plays a key role in the development of autoimmunity and/or inflammation (Singh, V.K. (1997) Gerontology 43:79-94). The first step in the proposed process is the formation of an autoantigen during the blood-borne acute phase, resulting in the activation of B and T cells, which give rise to anti-neuronal antibody and cytotoxic Tcell (CTL) activity, respectively. This somehow signals across the bloodbrain barrier and leads to a chronic phase in the brain. In the second phase the CD8<sup>+</sup> CTLs, either directly through CMI or indirectly through glia activation (microglial and astroglial cells), induce target cell cytotoxicity. The activation of the glial cells then causes nonspecific tissue damage. The neuron-specific degeneration characteristic of AD is due to the CMI directed by specific autoantibodies. A large number of autoantibodies and immune abnormalities, some of which are inherited, have been cataloged by Singh (id.)

### Prior Modes of Treatment of Alzheimer's Disease

A major approach to the treatment of AD has involved attempts to augment the cholinergic function of the brain. An early approach was the use of precursors of acetylcholine synthesis, such as choline chloride and phosphatidyl choline (lecithin). Although these supplements are generally well tolerated, randomized trials have failed to demonstrate any clinically significant efficacy. Direct intracerebroventricular injection of cholinergic

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agonists such as bethanacol appears to have some beneficial effects, although this requires surgical implantation of a reservoir connecting to the subarachnoid space and is too cumbersome and intrusive for practical use. A somewhat more successful strategy has been the use of inhibitors of acetylcholinesterase (AChE), the catabolic enzyme for acetylcholine. Physostigmine, a rapidly acting, reversible AChE inhibitor, produces improved responses in animal models of learning, and in patients with AD some studies have demonstrated mild transitory improvement in memory following physostigmine treatment. The use of physostigmine has been limited because of its short half-life and tendency to produce symptoms of systemic cholinergic excess at therapeutic doses.

Recently, the acridine derivative tacrine (COGNEX®, 1,2,3,4-tetrahydro-9-aminoacridine) has been approved by the United States Food and Drug Administration for the treatment of dementia in AD. Tacrine was first synthesized nearly fifty years ago, and the pharmacology of this agent has been the subject of numerous studies. It is a potent centrally acting inhibitor of AChE. The side effects of tacrine may be significant and dose-limiting: abdominal cramping, nausea, vomiting, and diarrhea are observed in up to one-third of patients receiving therapeutic doses. Tacrine may also cause hepatotoxicity, as evidenced by the elevation of serum transaminases observed in up to 20% of patients treated. Because of the relatively small improvements that result from tacrine treatment and the significant side-effect profile, its clinical usefulness is limited.

Therefore, in view of the aforementioned deficiencies attendant with prior art methods of treating Alzheimer's Disease, it should be apparent that there still exists a need in the art for an safe and effective treatment for AD.

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## SUMMARY OF THE INVENTION

Briefly, the present invention features a Vaccinia virus encoding a complement control protein which can block the complement pathway, binding to complement components. This property can be used in the treatment and diagnosis of Alzheimer's disease. The viral protein, termed VCP, can block the complement activation in AD and can bind to plaques in pathological samples.

More particularly, the present invention relates to a method for treating Alzheimer's disease comprising administering to a patient in need of such treatment a therapeutic amount of the protein of Formula (I):

С Т LL G Ι G Ν Υ Ι G Ε Τ D Α N S ٧ T C G Р Κ Μ G Ι Y R Κ Q G Q Ν P R D Ι D C P S C Ι K R R Ε Υ Η Ι G С Ν S G S S Υ S 15 G Ι Ŧ I C E S Ρ Ε N S ٧ W G G S Υ T D ٧ Ε D F S G R Н N G Υ S G ٧ C S G G E N S S G Ι S G Υ S S Ι N T S S S S Υ G YKL S G 20 WKPEL Р Κ C (SEQ ID NO: 1).

The invention further provides a pharmaceutical formulation for the treatment of Alzheimer's Disease, which comprises a protein of the Formula (I) together with one or more pharmaceutical acceptable diluents, carriers or excipients therefore.

With the foregoing and other objects, advantages and features of the invention that will become hereinafter apparent, the nature of the invention may be more clearly understood by reference to the following detailed

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description of the preferred embodiments of the invention and to the appended claims.

### **BRIEF DESCRIPTION OF THE DRAWINGS**

Figure 1. AD Brain Tissue. The left photograph shows a conventional silver stained section of brain tissue from postmortem AD patient showing the characteristic hallmark of AD, the amyloid/neuritic plagues (indicated by arrows). The central portion of a plaque is a dense, dark brown to black region surrounded by a clear ring and then a ring of particulate matter comprising cell debris, activated microglial cells, and several different proteins. The right photograph shows immunohistochemical staining of a microsection of the amygdala (a brain structure that plays a major role in emotions such as fear and anxiety and in the startle response) from a postmortem AD patient. A high-titer antibody raised in a rabbit against a synthetic peptide whose sequence was derived from a computer-generated immunodominant region within the putative intracellularly localized Cterminal tail of APP was used as a primary antibody. This was followed by a peroxidase-conjugated anti-rabbit secondary antibody. Brown color developed on addition of DAB reagent. The nuclei were finally stained with hematoxylin. the numerous brown threads seen specifically in the AD tissue are indicative of the presence of the cytoplasmic C-terminal tail of APP in the neuropils (dead/dying neurons).

Figure 2. A detailed diagram of the major isoform of amyloid precursor protein (APP<sub>695</sub>) present in neurons. The 17-amino acid signal peptide is cotranslationally cleaved in the endoplasmic reticulum. The APP has a cysteine-rich region (8 cysteines within a span of 150 amino acids), as well as an acidic region with a high percentage of the acidic amino acids glutamic acid and aspartic acid. A threonine-rich region is marked Thr.

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Alternatively spliced mRNA (in tissues elsewhere in the body) may have an insertion of up to 225 nucleotides that encodes a 56-amino acid Kunitz protease inhibitor region (KPI) to form the isoform APP<sub>751</sub>, and another additional 19-amino acid region (isoform APP770). The APP anchors to the cell surface via a membrane-spanning region. Depending on the type of proteolytic cleavage, the cell surface APP can either be digested by  $\alpha$ secretase and gamma-secretase to give rise to  $\alpha$ -APPs (584 amino acids) and a small P3 protein, which are soluble and are released into the extracellular space, with the C-terminus staying behind (as shown in the middle diagram). Alternatively, it may be digested by β-secretase and gamma-secretase to give rise to Aβ containing a region (40-42 amino acids) that is secreted along with β-APPs (578 amino acids), with the C-terminal tail remaining cell associated. The AB aggregates to form the nucleus of the amyloid plaque and has a region that can bind C1q and activate the classical complement pathway. The Aß can also couple to C3 via an ester linkage and activate the alternative pathway. The cytoplasmic C-terminal tail has been speculated to trigger a cascade of events contributing to the apoptosis of the APP-producing neurons. Such a cascade is thought to be initiated by the binding of the C-terminal region to a particular family of GTP binding proteins  $(G_0)$ .

Figure 3. The aberrant biosynthesis of APP accounts for some of the amyloid plaque formation. This is complicated by other proteins regulating the amount of APP synthesized and process, such as the presenillins 1 and 2. the neurofibrillary tangles (NFTs) may be formed with the tau protein homodimerizes in the presence of the epsilon 4 allele of apoE, statistically found more often in persons susceptible to neurodegenerative disorders. The second and third alleles may be able to block the sites on tau that contribute to the formation of homodimers, thereby contributing to the

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normal cytoskeletal structure. ApoE, besides having sites for binding to receptor, has a lipid binding site to which Aβ can bind. Aβ can thus be transported from astrocytes to the neuronal surface and recycled via endosomes and lysosomes to remain cytoplasmic and become incorporated in the neurofibrillary tangles.

**Figure 4.** Antibody-independent activation of the classical complement pathway (CCP and initiation of inflammatory events in AD. Aβ, its aggregate, or the amyloid plaque can trigger the CCP by binding to C1q, shown in blue. The binding to C1q occurs via the first few amino acids of Aβ (4-11), with the aspartate in position 7 being the most critical for binding. Aβ or its aggregate can form ester links to the C3 component and can activate the alternate complement pathway (ACP), shown in yellow. Complement activation can result in the release of chemotactic factors such as C3a, C4a, and C5a, shown here in green. These factors can cause an influx of microglial cells and astrocytes which contribute to the inflammatory response. These cells are also present in the neuritic plaques.

Figure 5. Generation of recombinant plasmid pAPPc

20 PCR was performed on a modified pUC 18 vector, pFB68L, containing the APP<sub>695</sub> C-terminus (nucleotidesI786-3207) incorporated at the *Eco*RI restriction site. The primers were designed so that the 1. I kbp PCR product would contain the two new restriction sites *Nco*I and *SaI*I. Digestion of the PCR product and pTM3 with *Nco*I and *SaI*I and subsequent ligation produced plasmid pAPPc. Abbreviations: multiple cloning site (MCS), T7 bacteriophage promoter (pT7), termination sequence (T7t), encephalomyocarditis virus "translational enhancer" leader sequence (EMC), guanosyl phosphoribosyl transferase (GPT), 7.5 kbp vaccinia

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promoter (p7.5K), thymidine kinase (TK), origin of replication (ori), ampicillin resistance gene (ampr).

Figure 6. Sequence of pAPPc within insert and flanking regions

The DNA and amino acid sequences of pAPPc and the flanking pTM3 sequence is shown with primer sets, restriction sites and important regions noted. The arrows indicate the location and direction of the five sets of primers synthesized for DNA sequencing.

Thirty-two animals were injected in a series of three experiments with ei-ther Trisbuffered saline or Tris buffer, control product (pTM3) or C-100 (APP), or AB peptide. The mice were sacrificed at either five (5h) or 48 (48h) hours after injection. C5+/+ and C5-/- mice were used. Numbers in parenthesis indicate the number of individual mice in each group.

# Figure 8. Connective tissue Air pouch cell counts

Cell count bars are means of all gfids counted from animals injected with 100 microliters of sample listed on x-axis, plus or minus standard deviation shown as an error bar. 4A is a summary of counts from mice sacrificed five h post injection. 4B is a summary of counts from mice sacrificed 48 h post injection. Abbreviations: C5 sufficient (C5+/+) or deficient (C5-/-) mice, male (M), female (F), control product (pTM3) or C- I 00 (pAPPc), AB peptide (AB), eosinophil (Eosin), neutrophil (Neutr), monocyte (Mono).

Figure 9. Air pouch connective tissue section composite

Representative photos of single-layer connective tissue spreads from one
experiment. Left column panels (5A, C, E and G) are from C-5-/- mice
injected, whereas right column panels (58, D, F and H) are from C5+/+ mice

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injected. Panels 5A, B, C and D are from mice sacrificed five hours after injection. Panels 5E, F, G and H are from mice sacrificed 48 h after infection. Mouse sections in panels 5A, B, E and F were from animals injected with *in vitro* transcription/translation product encoded by control pTM3 DNA, and those in 5C, D, G and H were injected with product from *in vitro* transcription/translation reaction encoded by pAPPc DNA. Migrating cells found most frequently in epithelial air pouch sections are indicated: resident fibroblast, (←) neutrophil, (■) eosinophil, (◆) monocytes. The magnification used in 400X.

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Figure 10. Immunoassay for complement activation by Aβ 6A. Internal controls for quantitation of results in ng/mi included standards A, B and C; and high (HPC) and low (LPC) positive controls. Also, external controls of heat activated IgG (HAG) and zymosan were included for confirmation of intact complement pathway in normal (NHS) and agammaglobulinemic (AHS) human sera.

6B. Measurement of NHS complement activation in the presence or absence of 50  $\mu$ M A $\beta$  peptide (A-beta(50)). Inhibition of complement activation by AB in NHS was determined by the addition of purified VCP.

20 Background activation is demonstrated by the incubation of NHS with TBS.
Standard deviation is indicated by error bars.

6C. Measurement of AHS complement activation in the presence or absence of 50  $\mu$ M A $\beta$  peptide, with or without added VCP. Background activation is demonstrated by the incubation of NHS with TBS. The addition of MEM to all reactions was necessary because VCP is solubilized in it and also MEM seems to enhance complement activation by A $\beta$ .

**Figure 11**. Intervention by VCP into proposed inflammatory cascade due to  $A\beta$  complement activation. Aggregated  $A\beta$  activates the complement

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cascade that results in the deposit of complement components in the nascent plaque as well as releasing chemotactic factors. These factors such as C5a can stimulate an immune response that results in the activation and influx of microglial cells. The accumulated microglia cause more local tissue damage and amplify and perpetuate the inflammation, which results in plaque growth. VCP inhibits both pathways of complement activation by binding to complement components C3 and C4, which results in the diminished preferential release of the chemotactic factor C5a, as demonstrated by the X superimposed over the arrow. Therapeutically, this could alleviate some of the tissue damage caused by a self-perpetuating inflammatory response.

**Figure 12.** Representative histograms showing that VCP is able to reduce mouse antihuman HLA class I antibody binding to HUVECs cells. The results of flow microflourimetric analysis are as follows: A) Nonspecific mouse monoclonal antibody (isotype-matched mouse IgG2a mAb) binding to HUVECs cells (negative control) B) Mouse monoclonal antihuman HLA-ABC antibody binding to HUVECs cells (positive control) C) Mouse monoclonal antihuman HLA-ABC antibody binding to HUVECs cells in the presence of 5  $\mu$ I (2  $\mu$ g) of VCP D) Mouse antihuman HLA-ABC antibody to HUVECs cells in the presence of 20  $\mu$ I (5  $\mu$ g) of VCP.

**Figure 13.** PAGE analysis of the heparin binding activity of BSA, HBP, lysozyme, and MIP-1 alpha. In order to calibrate the HiTRAP heparin column, various proteins (BSA, HBP, lysozyme, and MIP-1 $\alpha$ ) with differing affinities for heparin were passed through the column and eluted with sodium chloride concentrations ranging from 250 mM to 4.0 M. M = molecular weight marker, S.M. = starting material, Unb. = unbound fraction, W = wash.

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Figure 14. PAGE analysis of the heparin binding activity of VCP and rVCPs. VCP and various rVCPs were passed through separate HiTRAP heparin columns and eluted with sodium chloride concentrations ranging from 250 mM to 2.5 M. The fractions were collected, run on SDS PAGE, silver stained, and the band densities measured. The results are shown as follows: A) recombinant rVCP SCR (1,2) B) recombinant rVCP SCR (2,3) C) recombinant rVCP SCR (3,4) D) recombinant rVCP E) VCP from the natural infection process. For gels A-E, M = molecular weight marker, S.M. = starting material, Unb. = unbound fraction, W = wash, VCP = VCP from natural infection. F) Densitometric scanning of above gels A-E.

Figure 15. Sequence alignment including termini of rVCP constructs and putative heparin binding sites. Multiple alignment of the four short consensus repeats (SCR) from orthopoxviruses VAC-COP (vaccinia virus, copenhagen strain) (Goebel et al., 1990 Virology 179:247-263), VAC-WR (vaccinia virus, western reserve strain) (Kotwal, G.J. et al. 1989 Virology 171:579-587), CPV-GRI (cowpox virus, Russian isolate from human patient) (Schelkunov, S.N., et al. 1998 Virology 243:432-460), CPV-BRI (cowpox virus, Brighton strain) (Miller, C.G., et al. 1995 Cell Immunol. 162:326-332), VAR-BSH (variola virus, Bangladesh strain) (Massung, R.F., et al. 1994. Virology 201:215-240), VAR-IND (variola major virus, Indian strain) (Schelkunov, S.N., et al. 1998 Virology 243:432-460), VAR-GAR (variola minor virus, alastrim Garcia strain) (Massung, R.F., et al. 1996. Virology 221:291-300), and MPV-ZAI (monkeypox virus, isolated from a human patient from Zaire in 1996). The putative heparin binding sites (K/R-X-K/R) are marked with solid bars, arrows indicate the termini of the rVCP constructs, and the cysteines are highlighted.

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Figure 16. Structure-function summary table of VCP, VCP homologs, and rVCPs. VCP/IMP/SPICE, MPV homolog of VCP, recombinant VCP, and four recombinant segments of VCP are shown above along with whether they are able to inhibit hemolysis of sensitized sheep red blood cells and/or bind heparin (IMP = inflammation modulatory protein) Also listed are the number of positively charged amino acids (K+R) found in the protein, percentage of positively charged amino acids (%K+R) making up the protein, pl of the protein, and number of putative heparin binding sites found on the surface of the protein.

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**Figure 17.** VCP model showing the heparin binding sites. Front (A) and back (B) views of the modeled structure of VCP SCR (1-4) showing the heparin binding sites (differentially colored). In order to differentiate the extents of the individual modules, they are shaded appropriately.

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# DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS OF THE INVENTION

As noted above the present invention provides a method for treating Alzheimer's disease comprising administering to a patient in need of such treatment a therapeutic amount of the protein of Formula (I):

TFLTLLGI G C S C S Ε T D Α Ν Ν Ρ G Υ RKQKΜ G Ι K Ι Κ R R C Ρ S Р R D Ι D N Ι Y S C N S G Υ Н S Ε Ι C E S Ρ T R Ε F D G S Η G Y S S G S G C S G G Ε H P T I S N G Y L S S G F

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Y N D N V D F K C K Y G Y K L S G S S S T C S P G N T W K P E L P K C V R

(SEQ ID NO: 1).

The amino acid abbreviations are set forth below:

5	Single-letter abbreviation	Three-letter abbreviation	Amino acid	
	А	Ala	Alanine	
	С	Cys	Cysteine	
	D	Asp	Aspartic acid	
	E	Glu	Glutamic acid	
10	F	Phe	Phenylalanine	
	G	Gly	Glycine	
	Н	His	Histidine	
	I	Ile	Isoleucine	
	К	Lys	Lysine	
15	L	Leu	Leucine	
	М	Met	Methionine	
	N	Asp	Asparagine	
	Р	Pro	Proline	
	Q	Glu	Glutamine	
20	R	Arg	Arginine	
	S	Ser	Serine	
	Т	Thr	Threonine	
	W	Trp	Tryptophan	
	V	Val	Valine	
25	Υ	Tyr	Tyrosine	

One skilled in the art will recognize that certain amino acids are prone to rearrangement. For example, Asp may rearrange to aspartimide and

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isoasparigine as described in I. Schbn et al., *Int. J. Pentide Protein Res.* **14**: 485-94 (1979) and references cited therein. These rearrangement derivatives are included within the scope of the present invention. Unless otherwise indicated the amino acids are in the L configuration.

For purposes of the present invention, as disclosed and claimed herein, the following terms and abbreviations are defined as follows:

Base pair (bp) — refers to DNA or RNA. The abbreviations A,C,G, and T correspond to the 5'-monophosphate forms of the nucleotides (deoxy)adenine, (deoxy)cytidine, (deoxy)guanine, and (deoxy)thymine, respectively, when they occur in DNA molecules. The abbreviations U,C,G, and T correspond to the 5'-monophosphate forms of the nucleosides uracil, cytidine, guanine, and thymine, respectively when they occur in RNA molecules. In double stranded DNA, base pair may refer to a partnership of A with T or C with G. In a DNA/RNA heteroduplex, base pair may refer to a partnership of T with U or C with G.

Chelating Peptide -- An amino acid sequence capable of complexing with a multivalent metal ion.

DNA -- Deoxyribonucleic acid.

EDTA -- an abbreviation for ethylenediamine tetraacetic acid.

ED50 - an abbreviation for half-maximal value.

FAB-MS -- an abbreviation for fast atom bombardment mass spectrometry.

Immunoreactive Protein(s) — a term used to collectively describe antibodies, fragments of antibodies capable of binding antigens of a similar nature as the parent antibody molecule from which they are derived, and single chain polypeptide binding molecules as described in PCT Application No. PCT/US 87/02208, International Publication No. WO 88/01649.

mRNA -- messenger RNA.

MWCO -- an abbreviation for molecular weight cut-off.

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Patient -- a patient is any animal, usually a mammal, preferably a human.

Plasmid -- an extrachromosomal self-replicating genetic element.

PMSF -- an abbreviation for phenylmethylsulfonyl fluoride.

Reading frame -- the nucleotide sequence from which translation occurs "read" in triplets by the translational apparatus of tRNA, ribosomes and associated factors, each triplet corresponding to a particular amino acid. Because each triplet is distinct and of the same length, the coding sequence must be a multiple of three. A base pair insertion or deletion (termed a frameshift mutation) may result in two different proteins being coded for by the same DNA segment. To insure against this, the triplet codons corresponding to the desired polypeptide must be aligned in multiples of three from the initiation codon, i.e. the correct "reading frame" must be maintained. In the creation of fusion proteins containing a chelating peptide, the reading frame of the DNA sequence encoding the structural protein must be maintained in the DNA sequence encoding the chelating peptide.

Recombinant DNA Cloning Vector — any autonomously replicating agent including, but not limited to, plasmids and phages, comprising a DNA molecule to which one or more additional DNA segments can or have been added.

Recombinant DNA Expression Vector -- any recombinant DNA cloning vector in which a promoter has been incorporated.

Replicon -- A DNA sequence that controls and allows for autonomous replication of a plasmid or other vector.

RNA -- ribonucleic acid.

RP-HPLC -- an abbreviation for reversed-phase high performance liquid chromatography.

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Transcription -- the process whereby information contained in a nucleotide sequence of DNA is transferred to a complementary RNA sequence.

Translation -- the process whereby the genetic information of messenger RNA is used to specify and direct the synthesis of a polypeptide chain.

Tris -- an abbreviation for tris-(hydroxymethyl)aminomethane.

Treating -- describes the management and care of a patient for the purpose of combating the disease, condition, or disorder and includes the administration of a compound of present invention to prevent the onset of the symptoms or complications, alleviating the symptoms or complications, or eliminating the disease, condition, or disorder. Treating obesity therefor includes the inhibition of food intake, the inhibition of weight gain, and inducing weight loss in patients in need thereof.

Vector — a replicon used for the transformation of cells in gene manipulation bearing polynucleotide sequences corresponding to appropriate protein molecules which, when combined with appropriate control sequences, confer specific properties on the host cell to be transformed. Plasmids, viruses, and bacteriophage are suitable vectors, since they are replicons in their own right. Artificial vectors are constructed by cutting and joining DNA molecules from different sources using restriction enzymes and ligases, vectors include Recombinant DNA cloning vectors and Recombinant DNA expression vectors.

X-gal -- an abbreviation for 5-bromo-4-chloro-3-idolyl beta-D-galactoside.

SEQ ID NO: 1 refers to the sequence set forth in the sequence listing and means a complement-inhibiting protein of the formula:

M K E V S V T F L T L L G I G C V L S C C T I P S R P I N M K F K N S V E T D A N A N Y N I G D T I -29-

G M G IYAKC Т G Κ 0 C S R D N G Ι S S Ι G Ε S G G S C S G Y Н N L S Τ G S Ν P Ε Α Ρ Ι C Ε S ٧ K C Q S G Μ W S N G R Н G Υ Ε D F Υ T D G S ٧ ٧ N S G N S G ٧ L C S G G Ε W S D S G L S S G K T Ι N Υ R ΚL S G S S S S S F K C K γ G Υ GNTWKPELPKC

10 (SEQ ID NO: 1).

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The present invention provides a method for treating Alzheimer's disease comprising administering to an organism an effective amount of a compound of Formula (I) in a dose between about 1 and 1000 µg/kg. A preferred dose is from about 10 to 100 µg/kg of active compound. A typical daily dose for an adult human is from about 0.5 to 100 mg. In practicing this method, compounds of the Formula (I) can be administered in a single daily dose or in multiple doses per day. The treatment regime may require administration over extended periods of time. The amount per administered dose or the total amount administered will be determined by the physician and depend on such factors as the nature and severity of the disease, the age and general health of the patient and the tolerance of the patient to the compound.

The instant invention further provides pharmaceutical formulations comprising compounds of the Formula (I). The proteins, preferably in the form of a pharmaceutically acceptable salt, can be formulated for parenteral administration for the therapeutic or prophylactic treatment of obesity. For example, compounds of the Formula (I) can be admixed with conventional pharmaceutical carriers and excipients. The compositions comprising claimed proteins contain from about 0.1 to 90% by weight of the active protein, preferably in a soluble form, and more generally from about 10 to

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30%. Furthermore, the present proteins may be administered alone or in combination with other anti-Alzheimer's agents or agents useful in treating dementia (i.e., improving cognitive function). Preferred agents for use in combination with the protein of the present invention for treating Alzheimer's disease include acetylcholine precursors (e.g., choline chloride and phosphatidyl choline (lecithin)); cholinergic agonists (e.g., acetylcholine, acetyl-L-carnitine, anatoxine a, arecoline, bethanecol, carbachol, decamethonium, 1,1-dimethyl-4-phenyl-piperazinium, cis-Dioxolane, epibatidine, epiboxidine, methacholine, methylcarbamylcholine, methylfurtrethonium, metoclopramide, muscarine, nicotine, oxotremorine, pilocarpine, and pharmaceutically acceptable salts thereof); cholinesterase inhibitors (e.g., ambenonium, adrophonium, methylphysostigmine, neostigmine, pyridostigmine, and pharmaceutically acceptable salts thereof) and acetylcholinesterase inhibitors (e.g., physostigmine, tacrine (1,2,3,4tetrahydro-9-aminoacridine), galanthamine, and pharmaceutically acceptable salts thereof).

For intravenous (IV) use, the protein is administered in commonly used intravenous fluid(s) and administered by infusion. Such fluids as, for example, physiological saline, Ringer's solution or 5% dextrose solution can be used.

For intramuscular preparations, a sterile formulation, preferably a suitable soluble salt form of a protein of the Formula (I), for example the hydrochloride salt, can be dissolved and administered in a pharmaceutical diluent such as pyrogen-free water (distilled), physiological saline or 5% glucose solution. A suitable insoluble form of the compound may be prepared and administered as a suspension in an aqueous base or a pharmaceutically acceptable oil base, e.g. an ester of a long chain fatty acid such as ethyl oleate.

The proteins for use in the presently claimed invention may be prepared by construction of the DNA encoding the claimed protein and thereafter expressing the DNA in recombinant cell culture. Techniques for making substitutional mutations at predetermined sites in DNA having a known sequence are well known, for example M13 primer mutagenesis. The mutations that might be made in the DNA encoding the protein of the present invention must not place the sequence out of reading frame and preferably will not create complementary regions that could produce secondary mRNA structure. See DeBoer et al., EP 75,444A (1983).

The protein of the present invention may be produced either by recombinant DNA technology or well known chemical procedures, such as solution or solid-phase peptide synthesis, or semi-synthesis in solution beginning with protein fragments coupled through conventional solution methods.

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# A. Solid Phase

The synthesis of the protein of the present invention may proceed by solid phase peptide synthesis or by recombinant methods. The principles of solid phase chemical synthesis of polypeptides are well known in the art and may be found in general texts in the area such as Dugas, H. and Penney, C., Bioorganic Chemistry, Springer-Verlag, New York, pgs. 54-92 (1981). For example, peptides may be synthesized by solid-phase methodology utilizing an PE-Applied Biosystems 430A peptide synthesizer (commercially available from Applied Biosystems, Foster City California) and synthesis cycles supplied by Applied Biosystems. Boc amino acids and other reagents are commercially available from PE-Applied Biosystems and other chemical supply houses. Sequential Boc chemistry using double couple protocols are applied to the starting p-methyl benzhydryl amine resins for the production of C-terminal carboxamides. For the production of C-terminal

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acids, the corresponding PAM resin is used. Arginine, Asparagine, Glutamine, Histidine and Methionine are coupled using preformed hydroxy benzotriazole esters. The following side chain protection may be used:

Arg, Tosyl

5 Asp, cyclohexyl or benzyl

Cys, 4-methylbenzyl

Glu, cyclohexyl

His, benzyloxymethyl

Lys, 2-chlorobenzyloxycarbonyl

10 Met, sulfoxide

Ser, Benzyl

Thr, Benzyl

Trp, formyl

Tyr, 4-bromo carbobenzoxy

15 Boc deprotection may be accomplished with trifluoroacetic acid (TFA) in methylene chloride. Formyl removal from Trp is accomplished by treatment of the peptidyl resin with 20% piperidine in dimethylformamide for 60 minutes at VC. Met(O) can be reduced by treatment of the peptidyl resin with TFA/dimethylsulfide/conHC1 (95/5/1) at 25°C for 60 minutes. Following 20 the above pre-treatments, the peptides may be further deprotected and cleaved from the resin with anhydrous hydrogen fluoride containing a mixture of 10% m-cresol or m-cresol/10% p-thiocresol or m-cresol/pthiocresol/dimethylsulfide. Cleavage of the side chain protecting group(s) and of the peptide from the resin is carried out at zero degrees Centigrade 25 or below, preferably -20°C for thirty minutes followed by thirty minutes at 0°C. After removal of the HF, the peptide/resin is washed with ether. The peptide is extracted with glacial acetic acid and lyophilized. Purification is accomplished by reverse-phase C18 chromatography (Vydac) column in 0.1% TFA with a gradient of increasing acetonitrile concentration.

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One skilled in the art recognizes that the solid phase synthesis could also be accomplished using the FMOC strategy and a TFA/scavenger cleavage mixture.

# 5 B. Recombinant Synthesis

The protein of the present invention may also be produced by recombinant methods. Recombinant methods are preferred if a high yield is desired. The basic steps in the recombinant production of protein include:

 construction of a synthetic or semi-synthetic (or isolation from natural sources) DNA encoding the protein of the present invention,

- integrating the coding sequence into an expression vector in a manner suitable for the expression of the protein either alone or as a fusion protein,
- c) transforming an appropriate eukaryotic or prokaryotic host cell with the expression vector, and
- d) recovering and purifying the recombinantly produced protein.

# 2.a. Gene Construction

Synthetic genes, the *in vitro* or *in vivo* transcription and translation of which will result in the production of the protein may be constructed by techniques well known in the art. owing to the natural degeneracy of the genetic code, the skilled artisan will recognize that a sizable yet definite number of DNA sequences may be constructed which encode the claimed proteins. In the preferred practice of the invention, synthesis is achieved by recombinant DNA technology.

Methodology of synthetic gene construction is well known in the art. For example, see Brown, et al. (1979) Methods in Enzymology, Academic Press, N.Y., Vol. 68, pp. 109-151. The DNA sequence corresponding to the

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synthetic claimed protein gene may be generated using conventional DNA synthesizing apparatus such as the Applied Biosystems Model 380A or 380B DNA synthesizers (commercially available from Applied Biosystems, Inc., 850 Lincoln Center Drive, Foster City, CA 94404).

It may desirable in some applications to modify the coding sequence of the claimed protein so as to incorporate a convenient protease sensitive cleavage site, e.g., between the signal peptide and the structural protein facilitating the controlled excision of the signal peptide from the fusion protein construct.

The gene encoding the claimed protein may also be created by using polymerase chain reaction (PCR). The template can be a cDNA library (commercially available from CLONETECH or STRATAGENE) or mRNA isolated from human adipose tissue. Such methodologies are well known in the art Maniatis, et al. *Molecular Cloning: A Laboratory Manual*, Cold Spring Harbor Press, Cold Spring Harbor Laboratory, Cold Spring Harbor, New York (1989).

# 2.b. Direct expression or Fusion protein

The claimed protein may be made either by direct expression or as fusion protein comprising the claimed protein followed by enzymatic or chemical cleavage. A variety of peptidases (e.g. trypsin) which cleave a polypeptide at specific sites or digest the peptides from the amino or carboxy termini (e.g. diaminopeptidase) of the peptide chain are known. Furthermore, particular chemicals (e.g. cyanogen bromide) will cleave a polypeptide chain at specific sites. The skilled artisan will appreciate the modifications necessary to the amino acid sequence (and synthetic or semi-synthetic coding sequence if recombinant means are employed) to incorporate site-specific internal cleavage sites. See e.g., Carter P., Site Specific Proteolysis of Fusion Proteins, Ch. 13 in *Protein Purification: From* 

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Molecular Mechanisms to Large Scale Processes, American Chemical Soc., Washington, D.C. (1990).

## 2.c. <u>Vector Construction</u>

Construction of suitable vectors containing the desired coding and control sequences employ standard ligation techniques. Isolated plasmids or DNA fragments are cleaved, tailored, and relegated in the form desired to form the plasmids required.

To effect the translation of the desired protein, one inserts the engineered synthetic DNA sequence in any of a plethora of appropriate recombinant DNA expression vectors through the use of appropriate restriction endonucleases. The claimed protein is a relatively large protein. A synthetic coding sequence is designed to possess restriction endonuclease cleavage sites at either end of the transcript to facilitate isolation from and integration into these expression and amplification and expression plasmids. The isolated cDNA coding sequence may be readily modified by the use of synthetic linkers to facilitate the incorporation of this sequence into the desired cloning vectors by techniques well known in the art. The particular endonucleases employed will be dictated by the restriction endonuclease cleavage pattern of the parent expression vector to be employed. The choice of restriction sites are chosen so as to properly orient the coding sequence with control sequences to achieve proper inframe reading and expression of the claimed protein.

In general, plasmid vectors containing promoters and control sequences which are derived from species compatible with the host cell are used with these hosts. The vector ordinarily carries a replication site as well as marker sequences which are capable of providing phenotypic selection in transformed cells. For example, *E. coli* is typically transformed using pBR322, a plasmid derived from an *E. coli* species (Bolivar, et al., Gene 2:

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95 (1977)). Plasmid pBR322 contains genes for ampicillin and tetracycline resistance and thus provides easy means for identifying transformed cells. The pBR322 plasmid, or other microbial plasmid must also contain or be modified to contain promoters and other control elements commonly used in recombinant DNA technology.

The desired coding sequence is inserted into an expression vector in the proper orientation to be transcribed from a promoter and ribosome binding site, both of which should be functional in the host cell in which the protein is to be expressed. An example of such an expression vector is a plasmid described in Belagaje et al., U.S. patent No. 5,304,493, the teachings of which are herein are incorporated by reference. The gene encoding A-C-B proinsulin described in U.S. patent No. 5,304,493 can be removed from the plasmid pRB182 with restriction enzymes *Ndel* and *Bam*HI. The genes encoding the protein of the present invention can be inserted into the plasmid backbone on a *Ndel/Bam*HI restriction fragment cassette.

# 2.d. Procaryotic expression

In general, procaryotes are used for cloning of DNA sequences in constructing the vectors useful in the invention.

For example, *E. coli* K12 strain 294 (ATCC No. 31446) is particularly useful. other microbial strains which may be used include *E. coli* B and *E. coli* X1776 (ATCC No. 31537). These examples are illustrative rather than limiting.

Prokaryotes also are used for expression. The aforementioned strains, as well as *E. coli* W3110 (prototrophic, ATCC No. 27325), bacilli such as *Bacillus subtilis*, and other enterobacteriaceae such as *Salmonella typhimurium* or *Serratia marcescans*, and various *Pseudomonas* species may be used. Promoters suitable for use with prokaryotic hosts include the

β-lactamase (vector pGX2907 [ATCC 39344] contains the replicon and β-lactamase gene) and lactose promoter systems (Chang *et al.*, *Nature*, **275**:615 (1978); and Goeddel *et al.*, *Nature* **281**:544 (1979)), alkaline phosphatase, the tryptophan (trp) promoter system (vector pATH1 [ATCC 37695] is designed to facilitate expression of an open reading frame as a trpE fusion protein under control of the trp promoter) and hybrid promoters such as the tac promoter (isolatable from plasmid pDR540 ATCC-37282). However, other functional bacterial promoters, whose nucleotide sequences are generally known, enable one of skill in the art to ligate them to DNA encoding the protein using linkers or adaptors to supply any required restriction sites. Promoters for use in bacterial systems also will contain a Shine-Daigarno sequence operably linked to the DNA encoding protein.

#### 2.e. Eucaryotic expression

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The protein may be recombinantly produced in eukaryotic expression systems. Preferred promoters controlling transcription in mammalian host cells may be obtained from various sources, for example, the genomes of viruses such as: polyoma, Simian Virus 40 (SV40), adenovirus, retroviruses, hepatitis-B virus and most preferably cytomegalovirus, or from heterologous mammalian promoters, e.g. β-actin promoter. The early and late promoters of the SV40 virus are conveniently obtained as an SV40 restriction fragment which also contains the SV40 viral origin of replication. Fiers, *et al.*, *Nature*, **273**:113 (1978). The entire SV40 genome may be obtained from plasmid pBRSV, ATCC 45019. The immediate early promoter of the human cytomegalovirus may be obtained from plasmid pCMBP (ATCC 77177). Of course, promoters from the host cell or related species also are useful herein.

Transcription of a DNA encoding the claimed protein by higher eukaryotes is increased by inserting an enhancer sequence into the vector.

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Enhancers are cis-acting elements of DNA, usually about 10-300 bp, that act on a promoter to increase its transcription. Enhancers are relatively orientation and position independent having been found 51 (Laimins, L. *et al., PNAS* **78**:993 (1981)) and 3' (Lusky, M. L., *et. al., Mol. Cell Bio.* **3**:1108 (1983)) to the transcription unit, within an intron (Banerji, J. L. *et al., Cell* **33**:729 (1983)) as well as within the coding sequence itself (Osborne, T. F., *et al., Mol, Cell Bio.*, **4**:1293 (1984)). Many enhancer sequences are now known from mammalian genes (globin, RSV, SV40, EMC, elastase, albumin, a-fetoprotein and insulin). Typically, however, one will use an enhancer from a eukaryotic cell virus. Examples include the SV40 late enhancer, the cytomegalovirus early promoter enhancer, the polyoma enhancer on the late side of the replication origin, and adenovirus enhancers.

Expression vectors used in eukaryotic host cells (yeast, fungi, insect, plant, animal, human or nucleated cells from other multicellular organisms) will also contain sequences necessary for the termination of transcription which may affect mRNA expression. These regions are transcribed as polyadenylated segments in the untranslated portion of the mRNA encoding protein. The 3' untranslated regions also include transcription termination sites.

Expression vectors may contain a selection gene, also termed a selectable marker. Examples of suitable selectable markers for mammalian cells are dihydrofolate reductase (DHFR, which may be derived from the *BallI/HindIII* restriction fragment of pJOD-10 [ATCC 68815]), thymidine kinase (herpes simplex virus thymidine kinase is contained on the *BamHI* fragment of vP-5 clone [ATCC 2028]) or neomycin (G418) resistance genes (obtainable from pNN414 yeast artificial chromosome vector [ATCC 37682]). When such selectable markers are successfully transferred into a mammalian host cell, the transfected mammalian host cell can survive if

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placed under selective pressure. There are two widely used distinct categories of selective regimes. The first category is based on a cell, s metabolism and the use of a mutant cell line which lacks the ability to grow without a supplemented media. Two examples are: CHO DHFR<sup>-</sup> cells (ATCC CRL-9096) and mouse LTK<sup>-</sup> cells (L-M(TK-) ATCC CCL-2.3). These cells lack the ability to grow without the addition of such nutrients as thymidine or hypoxanthine. Because these cells lack certain genes necessary for a complete nucleotide synthesis pathway, they cannot survive unless the missing nucleotides are provided in a supplemented media. An alternative to supplementing the media is to introduce an intact DHFR or TK gene into cells lacking the respective genes, thus altering their growth requirements. Individual cells which were not transformed with the DHFR or TK gene will not be capable of survival in nonsupplemented media.

The second category is dominant selection which refers to a selection scheme used in any cell type and does not require the use of a mutant cell line. These schemes typically use a drug to arrest growth of a host cell. Those cells which have a novel gene would express a protein conveying drug resistance and would survive the selection. Examples of such dominant selection use the drugs neomycin, Southern P. and Berg, P., *J. Molec. Appl. Genet.* 1: 327 (1982), mycophenolic acid, Mulligan, R. C. and Berg, P. *Science* 209:1422 (1980), or hygromycin, Sugden, B. *et al., Mol. Cell. Biol.* 5:410-413 (1985). The three examples given above employ bacterial genes under eukaryotic control to convey resistance to the appropriate drug G418 or neomycin (geneticin), xgpt (mycophenolic acid) or hygromycin, respectively.

A preferred vector for eucaryotic expression is pRc/CMV. pRc/CMV is commercially available from Invitrogen Corporation, 3985 Sorrento Valley Blvd., San Diego, CA 92121. To confirm correct sequences in plasmids constructed, the ligation mixtures are used to transform *E. coli* K12 strain

DH5a (ATCC 31446) and successful transformants selected by antibiotic resistance where appropriate. Plasmids from the transformants are prepared, analyzed by restriction and/or sequence by the method of messing, et al., Nucleic Acids Res. **9**:309 (1981).

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Host cells may be transformed with the expression vectors of this invention and cultured in conventional nutrient media modified as is appropriate for inducing promoters, selecting transformants or amplifying genes. The culture conditions, such as temperature, pH and the like, are those previously used with the host cell selected for expression, and will be apparent to the ordinarily skilled artisan. The techniques of transforming cells with the aforementioned vectors are well known in the art and may be found in such general references as Maniatis, et al., Molecular Cloning: A Laboratory Manual, Cold Spring Harbor Press, Cold Spring Harbor Laboratory, Cold Spring Harbor, New York (1989), or Current Protocols in Molecular Biology (1989) and supplements.

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Preferred suitable host cells for expressing the vectors encoding the claimed proteins in higher eukaryotes include: African green monkey kidney line cell line transformed by SV40 (COS-7, ATCC CRL-1651); transformed human primary embryonal kidney cell line 293,(Graham, F. L. et al., J. Gen Virol. 36:59-72 (1977), Virology 77:319-329, Virology 86:10-21); baby hamster kidney cells (BHK-21(C-13), ATCC CCL-10, Virology 16:147 (1962)); chinese hamster ovary cells CHO-DHFR- (ATCC CRL-9096), mouse Sertoli cells (TM4, ATCC CRL-1715, Biol. Reprod. 23:243-250 (1980)); african green monkey kidney cells (VERO 76, ATCC CRL-1587); human cervical epitheloid carcinoma cells (HeLa, ATCC CCL-2); canine kidney cells (MDCK, ATCC CCL-34); buffalo rat liver cells (BRL 3A, ATCC CRL-1442); human diploid lung cells (WI-38, ATCC CCL-75); human hepatocellular carcinoma cells (Hep G2, ATCC HB-8065); and mouse mammary tumor cells (MMT 060562, ATCC CCL51).

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# 2.f. Yeast expression

In addition to prokaryotes, eukaryotic microbes such as yeast cultures may also be used. *Saccharomyces cerevisiae*, or common baker's yeast is the most commonly used eukaryotic microorganism, although a number of other strains are commonly available. For expression in Saccharomyces, the plasmid YRp7, for example, (ATCC-40053, Stinchcomb, *et al.*, *Nature* **282**:39 (1979); Kingsman *et. al.*, *Gene* **7**:141 (1979); Tschemper *et al.*, *Gene* **10**:157 (1980)) is commonly used. This plasmid already contains the trp gene which provides a selection marker for a mutant strain of yeast lacking the ability to grow in tryptophan, for example ATCC no. 44076 or PEP4-1 (Jones, *Genetics* **85**:12 (1977)).

Suitable promoting sequences for use with yeast hosts include the promoters for 3-phosphoglycerate kinase (found on plasmid pAP12BD ATCC 53231 and described in U.S. Patent No. 4,935,350, June 19, 1990) or other glycolytic enzymes such as enolase (found on plasmid pAC1 ATCC 39532), glyceraldehyde-3-phosphate dehydrogenase (derived from plasmid pHcGAPC1 ATCC 57090, 57091), zymomonas mobilis (United States Patent No. 5,000,000 issued March 19, 1991), hexokinase, pyruvate decarboxylase, phosphofructokinase, glucose-6-phosphate isomerase, 3-phosphoglycerate mutase, pyruvate kinase, triosephosphate isomerase, phosphoglucose isomerase, and glucokinase.

Other yeast promoters, which are inducible promoters having the additional advantage of transcription controlled by growth conditions, are the promoter regions for alcohol dehydrogenase 2, isocytochrome C, acid phosphatase, degradative enzymes associated with nitrogen metabolism, metallothionein (contained on plasmid vector pCL28XhoLHBPV ATCC 39475, United States Patent No. 4,840,896), glyceraldehyde 3-phosphate dehydrogenase, and enzymes responsible for maltose and galactose (GALI found on plasmid pRY121 ATCC 37658) utilization. Suitable vectors and

promoters for use in yeast expression are further described in R. Hitzeman et al., European Patent Publication No 73,657A. Yeast enhancers such as the UAS Gal from Saccharomyces cerevisiae (found in conjunction with the CYC1 promoter on plasmid YEpsec--hilbeta ATCC 67024), also are advantageously used with yeast promoters.

In a preferred embodiment, a DNA molecule encoding the present invention is as shown below.

	-51	TT	TTT,	ATT,	ATT	TGT	ACG/	ATG"	rcc,	AGG/	ATA	ACA		HA	JGG/	AIA	AA I.	AAA	. !				
	ATG.	AAG(	GTG(	GAG	AGC	GTG,	ACG <sup>-</sup>	TTC	CTG	ACA	TTG	TTG	GGA	ATA(	GGA	TGC	GTT	СТА	TCA	TGC	TGT	ACT	66
10	Μ.	Κ	V	E	S	٧	T	F	L	T	L	L	G	Ι	G	С	V	L	S	С	С	T	22
																							100
	ATT	CCG	TCA	CGA	CCC	ATT.	AAT.	ATG.	AAA	TTT	AAG	AAT	AGT	GTG	GAG/	ACT	GAI	GCT	AA I	GUI	AAT	TAC	132
	I	Р	S	R	Р	I	N	М	K	F	K	N	S	٧	Ε	T	D	Α	N	Α	N	Y	44
15	ΔΔ	ΔΤΔ	ദദΔ	GAC	ΔCΤ	ΔΤΔ	GAA	ТАТ	ста	TGT	СТА	.CCT	GGA	TAC	AGA	AAG	CAA	<b>.</b> ΑΑΑ	<b>V</b> ATG	iGG <i>P</i>	\CCT	ATA	198
10					-									γ			0	K	М		Р		66
	N	Ι	G	D	ı	I	Ε	Y	L	С	L	Р	G	Y	R	K	Ų		1*1	u	Г	1	00
	TAT	GCT	ΆΑΑ	TGT	ACA	GGT	ACT	GGA	TGG	ACA	CTC	;TTT	TAAT	CAA	TGT	АТТ	- AAA	\CG@	SAGA	ATG(	CCCA	ATCG	264
	Υ	Α	K	С	T	G	Т	G	W	T	L	F	N	Q	С	I	Κ	R	R	С	Р	S	88
20																							
	CCT	CGA	GAT	ATC	GAT	TAAT	GGC	CAA	CTT	GAT	АТТ	GGT	GGA	\GTA	GAC	TTT	GGC	CTCT	rag7	ΓΑΤΑ	\AC(	STAC	330
	Р	R	D	Ι	D	N	G	Q	L	D	Ι	G	G	٧	D	F	G	S	S	I	T	Y	110
	TC	ГТGТ	AA	rag(	CGGA	rat/	ГСАТ	TTE	ATC	CGGT	rga/	ATC	ΓΑΑ/	ATCG	TAT	TG	rga/	ΔTT	4GG/	ATC	TAC	TGGA	396
25	S	С	N	S	G	Y	Н	L	Ι	G	Ε	S	Κ	S	Υ	С	Ε	L	G	S	Т	G	132
	TC	TAT	GT/	ATG(	GAA <sup>-</sup>	TCC(	CGAC	GGC/	ACC1	TAT	TTG	TGA	ATC	TGT	ΓΑΑ	ATG(	CCA	ATC	CCC	TCC.	ATC	TATA	462
	S	М	٧	W	N	Р	Ε	Α	Р	Ι	С	Ε	S	٧	Κ	С	Q	S	Р	Р	S	Ι	154

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	TCC	CAAC	:GGA	AGA	CAT	AAC	GGA	TAC	GAG	GAT	TTT	TAT	ACC	GAT	GGG	AGC	GTT	GTA	<b>VACT</b>	TAT	AGT	TGC	528
	S	N	G	R	Н	N	G	Y	Ε	D	F	Y	T	D	G	S	٧	٧	T	Y	S	С	176
	ΤΔΔ	AGT	GGA:	ΤΔΤ	TCG	TTG	ΔΤΤ	GGT	-۵۵۲	<b>.ፐ</b> ርፕ	GGT	GTO	CTG	TGT	ΤΛΔ	GGA	GGA	GΔA	\TGG	TCC	GAT.	CCA	594
5	N			Υ		L		G		S							G	E		S		Р	198
	CCC	CACG	TGT	CAG	ATT	GTT	АДА	TGT	CCA	CAT	CCT	ACA	ATA	TCA	<b>VAAC</b>	GGA	TAC	TTE	STCT	AGC	GGG	TTT	660
	Р	T	С	Q	I	٧	K	С	Р	Н	Р	T	I	S	N	G	Y	L	S	S	G	F	220
10	ДДД	vaga	TCA	TAC	TCA	TAC	AAC	GAC	TAAC	GTA	GAC	TIT	AAG	TGC	CAAG	TAC	:GGA	TAT	ΓΑΑΑ	CTA	тст	GGT	726
	K	R	S	Υ	S	Υ	N	D	N	٧	D	F	K	С	K	Υ	G	Y	K	L	S	G	242
	TCC	TCA	TCA	тст	ACT	TGC	ТСТ	CCA	\GGA	<b>V</b> AAT	ACA	TGG	AAG	CCG	igaa	.CTT	CCA	WA/	ATGT	GTA	.CGC		792
	S	S	S	S	T	С	S	Р	G	N	Т	W	Κ	Р	Ε	L	Р	K	С	٧	R		264
15	(SE	ΞQ	ID	NO	: 2)	١.																	

This DNA molecule is disclosed in U.S. Patent 5,157,110, the contents of which are incorporated herein by reference.

In addition, labeled VCP can be used as a probe to detect amyloid plaques *in situ* or post mortem. In such an assay the VCP would bind to the complement components in the plaque. Subsequent detection of the label would be indicative of the presence of amyloid plaques. For use in such a diagnostic method, VCP may be labeled with any suitable label known in the art. Particularly preferred labels include fluorescent labels (*e.g.*, fluorescein) and enzymatic labels (*e.g.*, peroxidase).

The following examples are presented in order to more fully illustrate the preferred embodiments of the invention. They should in no way be construed, however, as limiting the broad scope of the invention.

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#### **EXAMPLE 1**

The amyloid plaque is the hallmark of Alzheimer's disease (AD). The transmembrane domain and a portion of the C-terminus (Aβ) of the amyloid precursor protein (APP), are known to form the nucleus of the amyloid plaque. It has been demonstrated recently, using in vitro assays, that the Aβ peptide can activate both the classical (antibody-independent) and alternate pathways of complement activation. The proposed complement activation is due to the binding of  $\ensuremath{\mathsf{A}\beta}$  to the complement components, Clq and C3, respectively, which initiate formation of the proinflammatory C5a and C5b-9 membrane attack complex. In this example, we have investigated the in vitro findings for the likely complement-dependent proinflammatory properties of the Alzheimer's disease Aβ peptide. We have performed experiments using congenic C5-deficient and C5-sufficient mice injected with synthetic AB and recombinant polypeptide (C-100) containing Aβ. Injection of C-100 into C5-sufficient mice induced a clear increase in the number of polymorphonuclear cells (neutrophils) at the site of injection, due to complement activation and the subsequent release of proinflammatory chemotactic factors. In sharp contrast, the C5-deficient mice did not show any increase in cellular influx. The vaccinia virus complement control protein (VCP), an inhibitor of both the classical and alternate pathway can down-regulate the biologically significant activation of complement by  $A\beta$ , as demonstrated by an in vitro immunoassay. The therapeutic down-regulation of Aβ-caused complement activation could greatly alleviate the progression of some of the chronic neurodegeneration characteristic of AD.

The aim of the experiments detailed in this Example was to first determine whether the activation of complement by  $A\beta$  can occur in a mouse connective tissue air-pouch model developed to determine the qualitative and quantitative changes in influx of immune cells. Our rationale was that the immune cells within the connective tissue of different organs

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arise from the same lineage. We were also interested in determining whether a viral inhibitor (of both the classical and alternate pathway) could block the complement activation by Aβ. The viral inhibitor, termed vaccinia virus complement control protein (VCP) is structurally similar to the family of the human complement control proteins containing short consensus repeat (Kotwal, G.J.& Moss, B. (1988) *Nature* 335:176-178). Unlike the large and complex, human complement control proteins, VCP is much smaller and it retains the functionality of the human proteins. Functionally VCP resembles the first complement receptor (CR1) as it is able to bind both to the third component and the fourth component of the complement system (Kotwal, G.J. (1996) *The Immunologist* 4:157-164; Kotwal, G.J. *et al.* (1990) *Science* 250:827830; McKenzie, R. *et al. J. Infect. Dis.* 166:1245-1250). Thus, VCP can effectively block the complement pathway at an early stage following complement activation and thereby potentially block the downstream events leading to the formation of C5a and membrane attack complex.

The homologue of VCP in cowpox virus has been termed as the inflammation modulatory protein (IMP) (Miller, C.G. *et al.* (1997) *Virology* 229:126-133). IMP has been shown in a mouse air-pouch model to significantly reduce the influx of inflammatory cells and drastically diminish the tissue damage elicited by cowpox virus infection (Kotwal, G.J., *et al.* (1998) *Mol. Cell. Biochem.* 185:39-46). We report here that the Aβ is capable of causing a greater influx of immune cells in a mouse model, described earlier (*id.*), in the presence of the fifth complement component but not in its absence. This cause and effect relation suggests that the *in vitro* findings are biologically significant. Furthermore, we show that the Aβ activated complement activity can be blocked by VCP.

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#### **Materials and Methods**

## Aβ Fiber Formation

100 $\mu$ g of A $\beta_{1-42}$  (QCB, Hopkinton, MA) was slowly solubilized in 25  $\mu$ l double distilled water. After solubilization was complete, 25  $\mu$ l of 2× TBS (Tris-buffered saline), pH 7.4, (100mM Tris, 300mM NaCl) was slowly titrated and mixed, giving a final A $\beta_{1-42}$  concentration of 2  $\mu$ g/ $\mu$ l (444  $\mu$ M). The peptide was incubated at 24°C for approximately 2-3 days to allow for fibril formation.

# 10 Construction of pAPPc used for cell-free transcription-translation

A pUC18 plasmid containing the coding sequence for the C-terminal 100 amino acids of APP (C-100) inserted into an EcoRI restriction site (pFB68L) was used as a template for cloning into pTM3 (Figure 5). Forward (JD01F) and reverse (JD0IR) primers were designed and synthesized (Bio-Synthesis, Lewisville, TX) for use in PCR with pFB68L as the template. The primers were designed with two base pair changes so that the 1.1 kb PCR product would be a cDNA of the APP C-terminus with two new restriction sites, one at the 5'(Ncol) and one at the 3' (Sal/I) end. After purification of the PCR product, it and plasmid pTM3 were digested with Ncol and Sall and ligated with T4 DNA ligase (Gibco BRL, Gaithersburg, MD). This resulted in a recombinant plasmid, pAPPc, which contained within the original multiple cloning site (MCS) the APP C-terminus under the transcriptional control of a T7 bacteriophage promoter (pT7) and termination sequence (T7t). An incorporated encephalomyocarditis virus translational enhancer leader sequence (EMC) served in lieu of a 5' cap for the mRNA. Other features of the plasmid include a guanosyl phosphoribosyl transferase (GPT) gene under the control of The 7.5 kbp vaccinia promoter (p7.5K) for positive selection of the plasmid in eukaryotic cells. The 5' and flanking sequences of the vaccinia virus thymidine kinase (TK) gene are required for

homologous recombination to generate a recombinant TK-negative vaccinia virus. A bacterial origin of replication (ori) is required for plasmid replication in transfected bacteria and an ampicillin-resistance gene (Amp<sup>r</sup>) for selection of transformed bacteria.

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The new recombinant plasmid, pAPPc was transformed into competent E. coli JM105 (Gibco BRL) and transformants were selected for their ability to form colonies on media containing ampicillin. Colonies were selected and further amplified before isolation of the plasmid DNA by alkaline lysis minipreparation (Maniatis, T. et al. (1984) Molecular Cloning: A Laboratory Manual. Cold Spring Harbor Press, New York, p. 363). A clone transformed with pAPPc, as determined by restriction analysis, was amplified and plated on selective media to analyze for purity. Twelve colonies were chosen and the plasmid DNA amplified and digested as before and checked for homogeneity on an agarose gel and by Southern hybridization (Southern, E.M. (1975) J. Mol. Biol. 98:503-517). The correct sequence of the inserted DNA was confirmed by the dideoxy chainterminating method (Sanger, F. et al. (1977) Proc. Natl. Acad. Sci. USA 74:5463-5467) using the Fidelity DNA Sequencing System manufactured by Oncor (Gaithersburg, MD) (Figure 6). Five sets of primers from within the known sequence of APP were utilized for this sequencing (arrows in Figure 6).

# In vitro Coupled Transcription/Translation of pAPPc to yield C-100

A coupled wheat germ extract transcription/translation reaction system containing T7 RNA polymerase (Promega, Madison, WI) was used for expression of pAPPc. This system allows for transcription of a DNA under the control of a T7 promoter and translation of the produced mRNA all in one reaction tube. The addition of a radiolabelled amino acid to the mixture allows for labeling of all newly synthesized polypeptides.

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Manufacturer's suggested protocols were followed with reaction volumes of 50  $\mu$ l, with or without the addition of 40  $\mu$ Ci of [ $^{35}$ S]-methionine (Amersham, Arlington Heights, IL) and either 1  $\mu$ g of pAPPc, pTM3, luciferase control DNA or no DNA added. The reactions were incubated at 30°C for 90 min.

The amount of labeled polypeptide produced was measured in a liquid scintillation counter (Pharmacia, Uppsala, Sweden), and equal counts were run on a SDS-PAGE for confirmation of predicted size polypeptide production.

# 10 Murine Connective tissue Air Pouch Model

This procedure was modified from a previous protocol (Kotwal, G.J., et al. (1998) Mol. Cell. Biochem. 185:39-46). 10 µl of unlabeled transcription/translation product from reactions containing either pAPPc (C-100) or pTM3 DNA were mixed with 90 µl 1M Tris, pH 7.4 (Sigma, St. Louis, MO) and incubated at 24°C for 24 h to allow for fiber formation. After incubation, the mixture was further diluted with an equal volume of Tris buffer, and 100 µl of this dilution was used in each animal. Mouse strains B10.D2/nSnJ (Jackson Laboratory, Bar Harbor, ME), which produces normal amounts of C5 (C5+/+) and strain B10.D2/oSnJ (Jackson Laboratory), a congenic mouse completely deficient in C5 (C5-/-), were used for all injections.

The mice were physically immobilized, and I ml of air was injected into the skin (subcutaneously) of the animal's dorsum to form a connective tissue air pouch. 100 µl of blinded/coded sample of Tris buffer was then injected into the nascent air pouch of an identical strain mouse. The animals were then sacrificed at different time intervals by an overdose of anesthesia. Figure 7 is a flowchart demonstrating the distribution of animals for injection with various samples and the time points after injection of

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sacrifice. The time points were selected on the basis of expected times when an *in vivo* reaction would occur.

The air pouch, consisting of a single cell layer of connective tissue, was surgically harvested, mounted and stained with May-Grunwald/Giemsa (Sigma, St. Louis, MO). Photographs of the slides were taken with a Zeiss Universal Research Microscope using a 40× oil immersion objective.

# Quantitative Analysis of Connective Tissue Section

Using a 5×5 mm grid mounted in the eyepiece at 400× magnification, 20 grid fields per blinded slide were randomly selected, and all leukocytes within the field were counted and categorized as either monocyte, neutrophil or eosinophil. Although they were present, mast cells were not counted. Average values of all the fields for each of the cell types were calculated, as well as standard deviations, and plotted for comparison.

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# Determination of Agammaglobulinemic Human Serum Complement Pathway Integrity by Hemolysis Assay

X-linked agammaglobulinemic human serum (AHS) described before (Adams, G. *et al.* (1997) *Pediatr. Infect. Dis. J.* 16:533-534), was serially diluted (1:5, 1:15, 1:30 and 1:60) with dextrose gelatin veronal buffer (DGVB)(Sigma, St. Louis, MO) in a total volume of 30 μl. The dilutions were mixed with 200 μl of sensitized sheep red blood cells (SSRBC) (Diamedix, Miami, FL) and incubated at 37°C for one hour. Whole cell s were pelleted by centrifugation at 3000× g for three minutes. The absorbance of lysed cell supernatant was measured at a wavelength of 405 nm using a EL×800 microplate reader (Bio-Tek Instruments, Winoski, VT). An increase in absorbance directly correlated with an increase in cell lysis due to complement activation. Hemolysis was seen at the lowest dilutions (1:60) tested, with only a slight decrease in absorbance.

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# VCP CH<sub>50</sub> Determination by Hemolysis Assay

The amount of VCP required to reduce complement-induced sSRBC hemolysis by half (CH<sub>50</sub>) was determined using a microplate assay described earlier (Kotwal, G.J. *et al.* (1990) *Science* 250:827-830). Differing volumes (2, 1, 0.5, 0.1, or 0.01 μl) of VCP were added to 200 μl of sSRBC (Diamedix) and 1 μl of AHS or normal human sera (NHS) in a total volume of 250 μl and, incubated at 37°C for 1 h. Measurement of equal amounts of water-lysed sSRBCs was taken to be 100% hemolysis, whereas sSRBCs incubated in buffer without serum or VCP served as a negative hemolysis control. After incubation, whole cells were removed by centrifugation at 3000×g for 3 min at room temperature and the supernatant measured for cell lysis at an absorbance of 405 nm on a EL×800 microplate reader. A graph of percent inhibition versus VCP dilutions allowed the CH<sub>50</sub> to be evaluated.

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# Measurement of Complement Activation

The ability and quantity of complement activation by Aβ was measured using an enzyme immunoassay specific for the end product of activation of the complement cascade: soluble membrane attack complex (SC5b-9) (Quidel, San Diego, CA). Soluble membrane attack complex is a multiprotein complex composed of the activated terminal proteins of complement activation (C5-C8 and several C9). This assay uses an immobilized monoclonal antibody specific for human C9 which captures SC5b-9 formed in solution on the surface of a microliter plate where it can bind a secondary antibody conjugated to horseradish peroxidase. The addition of a chromogenic substrate produces a color change, which can be measured by a plate reader at an absorbance of 405 nm. The manufacturer's suggested protocol was followed under the following conditions. NHS or AHS was diluted to a final concentration of 1-5 and

assayed at 1:25 (100  $\mu$ l total volume). Experimental reactions contained 50  $\mu$ M A $\beta$  and either 3  $\mu$ l (VCP CH<sub>50</sub> = 0.0.62  $\mu$ l/1  $\mu$ l NHS) vaccinia virus complement control protein (VCP) or Minimal Essential Medium (MEM) (Gibco BPL, Gaithersburg, MD), the same in which VCP was suspended. Positive controls of heat-activated IgG or zymosan were run concurrently to

Positive controls of neat-activated IgG or zymosan were run concurrently to ensure the presence of an intact and functioning complement protein system. Negative controls of NHS or AHS with or without MEM were included for the measurement of background complement activation and to determine whether the media had either a positive or negative influence on the formation of SC5b-9.

# Results

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# Expression of APP C-terminus (C-100) in vitro

As described in Figure 5, PCR amplification of pFB68L containing DNA coding for the C-terminal 100 amino acids of APP with primers JD01F and JD01R resulted in a cDNA with newly engineered Ncol and Sall restriction endonuclease sites at its 5' and 3' ends, respectively. A calculated size of 1.1 kbp was confirmed by agarose gel electrophoresis. After digestion with Ncol and Sall, the cDNA and plasmid pTM3 were ligated together to form pAPPc. This plasmid was transformed into competent E. coli, amplified, and purified using a maxiprep kit (Qiagen, Chatsworth, CA). The pAPPc was sequenced and the precise open reading frame expressed along with the primers used for sequencing is shown in Fig. 6. The pAPPc was then used in an in vitro wheat germ extract coupled transcription/ translation reaction. A product of approximately 10 kDa termed C-100 was observed by sodium dodecyl sulfate polyacrylamide gel electrophoresis (SDS-PAGE) and its identity was confirmed as corresponding to the APP Cterminus by immunoprecipitation with antibodies raised against the carboxyl terminus of APP.

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# Mouse Air Pouch Experiments

Based on encouraging preliminary observations suggesting cellular influx only in the presence of Aβ in a pilot study with eight mice, 32 additional mice were employed to evaluate the effect of Aβ, with the experimenter blinded to the samples being investigated. The number of mice injected in this study and the distribution of animals for injection with different samples are shown in Figure 7. Thirty-two animals were injected over three different experimental runs with either TBS or Tris as background controls, products from *in vitro* coupled transcription/translation reactions containing either pTM3 or pAPPc DNA, or fibrillar Aβ peptide. Samples were injected into air pouches in either C5+/+ or C5-/- mice. After injection, an incubation period of either five or 48 h was allowed before the animals were sacrificed and tissues were taken.

After harvesting, mounting and staining the fixed connective tissues, they were examined microscopically for differences in the number and type of inflammatory cells present in each section. Fields were randomly chosen and the number of neutrophils, eosinophils and monocytes were counted within each field and the average and standard deviation were obtained as described in the Methods section.

Figure 8 is a compilation of the results in graphical form, and represents the averages of the different experimental variations. At 5 h post-injection (Figure 8A), the numbers of monocytes and eosinophils present in the different spreads were nearly the same. The neutrophil counts, however, showed a significant increase in connective tissue excised from C5+/+mice injected with C-100. Since neutrophil numbers were not increased in mice injected with *in vitro* reaction from the control pTM3 vector DNA, it must be the specific C-100 produced only in the *in vitro* reactions that is stimulating neutrophil influx into the region, and not the reaction mix in general. The possibility that the Aβ fibril formation is enhanced by the

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coupled transcription-translation reaction cannot be ruled out. Also, no notable neutrophil increase is seen in any of the injected C5-/- mice. This indicates that the inflammatory response present in a few of the mice must be complement-mediated since elimination of a critical fifth component (C5) of the cascade also diminishes cellular influx. Overall, this result seems to be indicative of an early inflammatory response in the presence of complement. In order to determine if the means of the cell count of the C5+/+ mice injected with C-100 or with the control were significantly different, the Mann-Whitney Rank Sum test was performed. The difference in the median values of the 2 groups was greater than would be expected by chance-, there was a statistically significant difference (P<0.001). Similar results were obtained when an unpaired t-test was used. There also seemed to be a significant difference between the male and female mice injected with C-100. At 48 h after injection, monocyte numbers were increased, compared to 5 h (Figure 8B), whereas neutrophil levels had returned to control levels. The average number of monocytes seen in sections injected with C-100 or Aβ peptide were higher than those seen in tissues injected with either Tris/TBS or pTM3 control. Also, monocyte numbers in C5+/+ mice injected with pAPPc-encoded product or Aβ peptide injected C5+/+ mice were slightly higher than in their C5-/- counterparts.

A general change in the number and type of cells was observed, as is apparent in the composite photo, showing representative fields, from the different experimental situations (Figure 9). The early response (Figure 9D) showed an influx of neutrophils to the site of injection when the material injected into C5+/+ was the APP C-terminus. Later, at 48 h, post-injection (Figure 9H), there seemed to be an increase in the number of mononuclear cells present in experimental sections, but not in controls. At later time points, the number of neutrophils was markedly decreased. Other cell type

numbers remained relatively unchanged regardless of what was injected, or the amount of time allowed to pass before the sacrifice of the animal.

# In vitro activation of complement by $A\beta$ and inhibition by VCP

Addition of 50 μM Aβ to twenty-fold diluted NHS resulted in strong activation of the complement cascade, as measured by formation of SC5b-9 in an enzyme immunoassay. The quantity of activation was extrapolated from control standards with their own internal controls (Figure 10A) and expressed in ng/ml. External controls of zymosan and heat-activated IgG (HAG) were also used to confirm complement activation by intact alternative and classical pathways, respectively. These external controls exhibited very high levels of activation (Figure 10A), beyond the measurement of the plate reader under experimental conditions.

When NHS was incubated at 7°C for 90 min in the presence of 50  $\mu$ M A $\beta$ , high levels of complement activation were detected in the range of 150-200 ng/ml as compared to insignificant levels in the absence of A $\beta$  (Figure 10A). Addition of purified VCP to the reaction containing NHS and A $\beta$  consistently resulted in complete inhibition (90% or 9-fold) of complement activation to background levels (Figure 10B).

When these experiments were repeated, substituting agammaglobulinemic serum for NHS, with an intact complement protein pathway as determined by hemolysis assay (see methods) for NHS, levels of activation very similar to those seen using NHS were observed (Figure 10C). Addition of VCP to samples incubated with AHS and A $\beta$  again resulted in inhibition of activation. Serum from agammaglobulinemic patients is devoid of IgM and deficient in IgG, but allowed complement activation similar to the serum with normal levels of IgG and IgM. This confirmed earlier observations that activation of complement by A $\beta$  is independent of either IgG or IgM anti-body.

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# Discussion

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Histopathological evidence of AD coupled with in vitro studies showing that Aß fibrils can cause complement activation via the classical complement pathway point to an immune response as having an important role in disease progression (Cribbs, D.H. et al. (1997) Neuroreport. 8:3457-3462; Jiang, H. et al. (1994) J. Immunol. 152:5050-5059; Mann, D.M.A. et al. (1995) Acta Neuropathol 90: 472-477; Webster, S. et al. (1997). J. Neurochem. 69:388-398). The presence of activated microglia, reactive astrocytes, acute phase proteins and complement factors within and around plaques are all signs of an inflammatory response. It is known that the amyloid deposition is capable of causing activation of the classical pathway of the complement cascade in an antibody-independent manner. The complement system forms one of the first molecular lines of defense against infectious agents. Uncontrolled, it can trigger autoimmune destruction of healthy tissue. Deposition of complexes and formation of immunomodulators by the cascade have been associated with activating microglia (Elkabes, S. et al. (1996): J. Neurosci. 16:2508-2521), the macrophages of the brain, which in turn cause a progression and maintenance of the inflammation, by secreting cytokines like IL- I which would attract other immune cells and astrocytes (Fig. 11). Local tissue destruction follows, along with a further persistence of a chronic form of inflammation. In direct suggestion for the pivotal role of inflammation in AD is its reduced incidence in patients routinely receiving nonsteroidal antiinflammatory agents to reduce inflammation due to other causes such as arthritis. The use of anti-complement and anti-inflammatory therapies would greatly augment the treatment of AD (Breitner, J.C. et al. (1995) Neurobiology aging 16(4):523-530; Mackenzie, I.R. & Munoz, D.G. (1998) Neurology 50(4):986-990; McGeer, P.L. et al. (1996) Neurology 47(2):425-432). Prior to the present invention, anti-cholinesterase inhibitors (e.g.

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tacrine, donepezil), that may also decrease secretion of the amyloid precursor protein, have been the only effective therapy for AD, and only in a limited number of patients.

In these experiments, we have shown that the A $\beta$  fibrils either made from *in vitro* coupled transcription-translation or from synthetic peptides can, in a mouse model, cause influx of classical inflammatory cells in complement sufficient mice but not in complement deficient mice. This clearly demonstrates that the A $\beta$  fibrils cause complement activation that results in the formation of the potent chemotactic factors C5a and C5b-9 in mice which have C5, but not in mice lacking C5. There also seems to be a differential expression of immune cells, with neutrophils seen soon after the injection of A $\beta$  fibrils containing samples, while the monocytes are seen at later time points such as 48 h. Complement activation studies using the Igdeficient serum lacking IgM from patients with X-linked agammaglobulinemia confirms earlier observation that the complement activation by A $\beta$  fibrils is antibody-independent or not significantly altered by the presence of normal levels of antibody.

A $\beta$  activates both the classical and alternate complement cascades. Our findings showing that the vaccinia virus complement control protein (VCP), an inhibitor of both the classical and alternate pathways, can block complement activation by A $\beta$ , which thus prevents the release of C5a, is particularly significant. It proves that the novel complement activation by A $\beta$  contributing to cellular influx can indeed be blocked.

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EXAMPLE 2: Surface exposed conserved K/R-X-K/R sites and net positive charge on poxviral complement control proteins contribute to heparin binding and to inhibition of molecular interactions with human endothelial cells.

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The most recently identified property of the multifunctional VCP (vaccinia virus compliment control protein) is its ability to bind heparin. It has been shown in previous studies, as well as this one, to exhibit lysozyme-like heparin binding activity. Because of this activity, VCP can be taken up by mast cells and possibly persist in the tissue for extended periods of time, helping to preserve the viral habitat (Kotwal, G. J., 1998. D. E. 10th International Congress of Immunology 1:315-320.). It has also been shown to reduce chemotactic migration of leukocytes in the presence and absence of the chemokine MIP-1 α (macrophage inflammatory protein-1 alpha). This suggests that VCP can bind to heparin-like molecules lining the surface of endothelial cells, blocking chemokine binding, thereby blocking the chemotactic signal.

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In this study, we further characterize the biological significance of VCPs ability to bind heparin. Using flow cytometry, the amount of specific antibody binding to human endothelial cells - in the presence and absence of VCP - was measured. It was found that VCP was able to inhibit antibody binding to MHC class I molecules on hu

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at passage thirteen. Monolayer cultures were maintained using F12K Ham's media supplemented with 10% fetal bovine serum (FBS), (Sigma), 30µg/ml endothelial cell growth supplement (Sigma), and 100 µg/ml heparin (Sigma), at 37° C in humidified air containing 5% CO<sub>2</sub>. Cells were cultured to approximately 80% confluency in 75 cm<sup>2</sup> vented flasks (Falcon, Lincoln Park, NJ) coated with 1.5% gelatin (Sigma) in phosphate buffer saline. Cells were trypsinized (0.25% trypsin, 1 mM EDTA, Sigma), 4 X 10<sup>5</sup> cells/ml were placed in a 6-well flat-bottom culture plates (3.5 cm diameter, Falcon, Lincoln Park, NJ), coated with 1.5 % gelatin, and incubate for 24 h in F12K media without growth factor (Lian et al., 1996. J. Immunol. 157:864-873). For analysis of antibody interaction with cell surface class I HLA-ABC molecules, triplicate wells (2 ml each) were trypsinized and washed with FTA hemagglutination buffer (Becton Dickinson) and stained for 30 min on ice with 0.25 µg of phycoerythrin-conjugated mouse antihuman HLA-ABC monoclonal antibody (Caltag, Burlingame, CA), or a mouse IgG2a mAb (an isotype-match negative control) in the presence or absence of 2 or 5 µg of VCP. After incubation, cells were washed three times in FTA buffer, and then fixed in Hank's balanced salt solution (HBSS) containing 2% paraformaldehyde. Before staining, cell cultures were assessed for viability by trypan blue dye exclusion and, in all cases, the cells were found to be >95% viable. The percentage of positively stained cells was determined using a flow cytometer (Becton Dickinson FACScan, San Jose, CA) equipped with a single 15-mW argon laser tuned to 488 nm. Forward and 90° angle light scatter and integrated log phycoerythrin and FITC fluorescence signals were collected and analysed. Variability between duplicate samples was less than 10%. To compensate for any background fluorescence, the control threshold was set less than 1 % binding of control mAbs. Data were acquired from analysis of >3000 events. A single

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homogenous cell population was indicated as detected by forward and 90° light scatter.

## Cloning of VCP

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Fragments of VCP were expressed in *Pichia pastoris* using the secretory expression vector pPIC9. The fragments corresponded to amino acids 18-146 [rVCP SCR (1,2)], 82-204 [rVCP SCR (2,3)], 145 - 263 [rVCP SCR (3,4)] and 18-262 [rVCP SCR (1-4)] (SCR = short consensus repeats). Genomic DNA from vaccinia virus was used as template for the amplification of the DNA fragments encoding the above protein fragments by PCR. In all cases except for rVCP SCR (3,4) the oligonucleotides used introduced a 5' EcoRI site and a 3' NotI site which were used for cloning the fragments into the expression vector. For rVCP SCR (3,4), cloning was carried out as described earlier (Wiles, P., et al. 1995. *J. Biol. Chem.* 270:25805-25811).

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Selection of clones and expression of rVCP SCR (3,4) has been described previously (Wiles, A.P., et al. 1997. *J.Mol.Biol.* 272:253-265). For rVCP SCR (1,2), rVCP SCR (2,3) and rVCP SCR (1-4) clones transformed with the expression vectors described above where selected on the basis of their ability to grow on histidine deficient medium. Small-scale expression screening was performed by inoculating 5 ml of buffered minimal glycerol (BMG) and growing at 30°C until the OD<sub>600</sub> reached between 6 and 10. The cells were harvested and resuspended in 2 ml (for KM71 cells) or 15 ml (for GS115 cells) of buffered minimal methanol (BMM). Cells were grown with vigorous shaking for 4 to 5 days with daily addition of methanol to reach a concentration of 0.5%. Media from these inductions was analysed by SDS-PAGE and the highest level expressers selected. For rVCP SCR (1,2), (2,3), and (1-4), the KM71 cell line proved to produce the most protein. For large-scale growth of rVCP SCR (1,2) and rVCP SCR (1-4), 100 ml of BMG was inoculated with 5 ml of an overnight culture and grown at 30°C with

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vigorous shaking overnight. This culture was then used to inoculate several litres of BMG. The cultures were grown for 48 hours until the OD reached approximately 20. The cells were spun down and resuspended in the same volume of BMM and grown for 4 to 5 days with vigorous shaking. Cells were fed methanol to a concentration of 1% every 24 hours. For rVCP SCR (2,3), BMG media was inoculated with an overnight culture and grown at 30°C with vigorous shaking until an OD of approximately 6 had been attained. The pellet was then harvested by centrifugation, resuspended in BMM media (40% of the total BMG volume) and grown for 5 days with daily addition of methanol to a concentration of 0.5%.

Purification of rVCP SCR (3,4) has been described previously (Wiles, A.P., et al. 1997. J.Mol.Biol. 272:253-265). For purification of rVCP SCR (1,2), media was concentrated down to a small volume using a combination of a Millipore Prep/Scale-TFF cartridge (3 kDa molecular weight cut-off) and Amicon stirred-cell (with 3 kDa molecular weight cut-off). The sample was exchanged into 50 mM Tris-HCI (pH 9.0) using a Pharmacia PD-10 column and loaded onto a Pharmacia Mono-Q column, equilibrated in the same buffer. The protein was then eluted with a NaCl gradient of 0 to 100% over twenty minutes. Fractions containing rVCP SCR (1,2) were collected and concentrated using Amicon stirred-cell ultrafiltration and then loaded onto a Brownlee Aquapore C4 reverse-phase column and the protein eluted with an acetonitrile gradient. Fractions containing pure rVCP SCR (1,2) were collected and lyophilised. For purification of rVCP SCR (2,3), media was concentrated to approximately 50 ml using an Amicon concentrator (3 kDa cut-off) before being centrifuged at 20,000 × g for 1 hour and the pellet discarded. The sample was exchanged into 5 mM sodium acetate (pH 4.0) using a PD-10 column and applied to a Mono-S cation exchange column (Amersham Pharmacia, Uppsala, Sweden), equilibrated in the same buffer. Protein was eluted with a NaCl gradient and fractions corresponding to pure rVCP SCR (2,3) were pooled and lyophilised. For purification of rVCP SCR (1-4), media was concentrated to a small volume by the same means as rVCP SCR (1,2). The protein was exchanged into 20 mM phosphate pH 6 using a PD-10 column and dried.

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# Heparin Binding Ability

In order to establish a basis for comparison, 10 µg each of bovine serum albumin (BSA), heparin binding protein (HBP)(described earlier (Flodgaard, H., et al. 1991. Eur. J. Biochem. 197:535-547)), lysozyme, and MIP-1α were pooled, dissolved in 1 ml of ultapure water, and passed through a 1 ml HiTRAP heparin column and the unbound material collected. The bound proteins were washed with 1 ml of ultrapure water and then eluted with increasing sodium chloride concentrations ranging from 250 mM up to 4.0 M. Next, 20 µg of purified recombinant rVCP SCR (1,2), rVCP SCR (2,3), rVCP SCR (3,4), rVCP or 10 µg of wild type VCP were each dissolved in 1 ml of ultrapure water and passed through separate 1 ml HiTRAP heparin columns and the unbound materials collected. After washing the column with 1 ml of ultrapure water, the proteins were eluted with sodium chloride concentrations ranging from 250 mM to 2.5 M. The fractions were then separated using SDS-PAGE and silver stained. Densitometric readings were taken using the Alphalmager 2000 software system. Finally, 0.5 ml of the fraction containing the protein was concentrated by ultrafiltration and its activity tested using the hemolysis assav.

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# Sequencing of the VCP homolog in MPV (monkeypox virus)

Sequencing was done as described previously (Shchelkunov, S.N., et al. 1998. *Virology* 243:432-460).

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## Hemolysis Assay

The biological activity of the proteins were determined by using the hemolysis assay, described earlier (Kotwal, G.J., et al. 1990. *Science* 250:827-830). In order to more specifically quantitate their activity, each protein was tested as a series of dilutions ranging from 0.5 to 5.0 µg.

#### Model of VCP

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The structure of the two unknown VCP modules (VCP SCR 1 and VCP SCR 2) were modeled by homology with the four known VCP module structures: VCP SCR 3, VCP SCR 4, fH (factor H) SCR 15 and fH SCR 16, using the program MODELLER (Sali, A. and T.L. Blundell. 1993. *J.Mol.Biol.* 234:779-815). Five models of each module were created. The model which was closest to the average structure (as measured by r.m.s.d.) was used in the construction of the VCP SCR (1-4) model. Construction of the VCP SCR (1-4) was undertaken using the molecular visualization package, InsightII (Msi Inc. San Diego, Ca). This was achieved by simply bonding the two modeled VCP structures to the NMR derived structure of the VCP SCR (3,4) module pair (Wiles, A.P., et al. 1997. *J.Mol.Biol.* 272:253-265). No attempt was made to accurately model the junctions between modules 1 and 2 and modules 2 and 3. Rather, torsion angles in the two residues linking the module pairs were set to give a relatively extended conformation.

#### Results:

In order to determine the biological consequences of heparin binding by VCP, we tested whether VCP was able to block functional molecular interactions with human vascular endothelial cells. Flow cytometric analysis of HUVECs treated with mouse monoclonal antibodies to human MHC class I molecules – in the presence and absence of VCP – show that VCP is able to modulate antibody binding in a dose-dependent manner. As shown in

figure 1, addition of 5  $\mu$ l (2  $\mu$ g) of VCP to antibody treated HUVECs, reduced antibody binding from 91.5% down to 75.4%. An additional 15  $\mu$ l (5  $\mu$ g total) of VCP reduced antibody binding from 91.5% to 61.0% - suggesting that it is blocking in a dose-dependent manner.

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To calibrate the HiTRAP heparin column, several proteins having different binding affinities for heparin were passed through the column and eluted with increasing sodium chloride concentrations. SDS PAGE analysis of the eluted fractions containing these proteins of various heparin-binding abilities can be seen in figure 2. Analysis suggests that BSA does not bind heparin, since it is present only in the unbound and wash fractions. Lysozyme and MIP-1  $\alpha$ , which bound heparin with moderate and equal affinity, were contained within the 500 mM and 750 mM sodium chloride fractions. HBP, showing the highest affinity for heparin, was eluted by a sodium chloride concentration of 2.0 M.

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In order to better characterize the heparin binding ability of the VCP molecule, VCP, recombinant VCP, and various recombinant segments of VCP were passed through HiTRAP heparin columns and analyzed using SDS PAGE, shown in figure 3. The results suggest that the full-length natural and recombinant proteins bind heparin with close to or equal affinity as lysozyme and MIP-1 α; both VCP and rVCP were concentrated primarily in the 500 mM and 750 mM sodium chloride fractions. PAGE analysis of the various recombinant VCP segments revealed even more interesting data. Recombinant rVCP SCR (1,2) and rVCP SCR (3,4) bound heparin with the same strength as the full-length protein, eluting once again at 500 mM and 750 mM. While recombinant rVCP SCR (2,3), on the other hand, did not bind heparin at all and was found primarily in the unbound and wash fractions. The activity of the purified proteins was then tested using the hemolysis assay. The results indicate that only the full-length protein inhibits lysis of sensitized sheep red blood cells - anywhere from 60 to 90%

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inhibition. The rVCP segments showed no inhibition of lysis; suggesting that the whole protein is needed to block complement activation. Although, the naturally truncated VCP homolog produced by monkeypox virus (MPV)(shown in figures 4 and 5), which lacks almost the entire fourth SCR, has been shown to inhibit hemolysis of sensitized sheep red blood cells. Thus, indicating that it is blocking the classical pathway of complement activation.

To more precisely identify the molecular basis behind the VCPheparin interaction, the amino acid sequences were analyzed using the MacVector software system. Putative heparin binding sites (K/R-X-K/R) were first identified - shown in figure 4 along with the sequence alignment of different pox virus VCP homologs – and predicted to be located on the surface of the protein. The amino acid sequences were then scanned to determine the total number of positive amino acids (K+R), the percentage made up of these positively charged amino acids (%K+R), and the overall pl of the protein - the results are summarized in figure 4. All of the proteins shown to bind heparin had an overall pl of greater than 7.0, and more importantly, were made up of greater than 9% positively charged amino acids. The results also suggest that SCR 1 and SCR 4 contribute the most to this interaction. Although the results show there is no simple answer to how VCP binds heparin, it is clear that the overall positive charge, number of putative binding sites, and the percentage of positive amino acids making up the protein, have a significant effect on its ability to interact with and bind heparin.

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#### Discussion:

The ability of VCP to bind heparin sulfate proteoglycan molecules adds a new dimension to its role in modulating the host immune response. In previous studies, the ability of VCP to bind heparin was found to permit

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uptake by mast cells - possibly allowing for tissue persistence over extended periods of time. In addition, earlier studies have shown that binding to heparin-like molecules on the surface of endothelial cells can block chemokine adherence, resulting in reduced chemotactic signaling. In this study, flow cytometry was used to demonstrate that VCP can interfere with antibody binding to endothelial cells. More importantly, this study demonstrates that addition of VCP significantly decreases the amount of antibody able to attach to HUVECs in a dose-dependent manner. It is postulated that VCP, binding to heparin-like molecules on the surface of endothelial cells, prevents antibody adherence. This binding may therefore block antibody attachment through stearic interference, and block both molecular and cellular interactions - which are dependent on target cell adhesion molecules binding to cytotoxic cells. Furthermore, this novel mechanism can enable virus infected cells or the antigen presenting cell from destruction by host defense mechanism. Thus VCP enables orthopoxviruses, all of which encode homologs of VCP, to evade the immune system by multiple mechanisms, e.g. by blocking complement pathways, blocking antibody-dependent cytotoxic cell activity (ADCC) or by interfering with attachment of cytotoxic T cells to virus infected cells. In addition, as explained below, VCP can inhibit alternative pathway activation in a manner similar to factor H, another heparin binding protein.

Due to the apparent importance heparin binding has in many of the biological activities exhibited by VCP, we became interested in better characterizing the molecular reasons for this interaction. Recombinant segments of VCP - each representing two of the four SCRs - were generated by genetic engineering vaccinia virus DNA, encoding VCP, into the *Pichia pastoris* expression system. The ability of these recombinant segments to bind heparin was then tested. It was determined that recombinant proteins rVCP SCR (1,2) and rVCP SCR (3,4) retained the

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same binding affinity as the full-length native protein. While recombinant protein rVCP SCR (2,3) retained no heparin binding ability at all. In order to explain this, the amino acid sequences of the recombinant protein segments were more closely examined. It was determined that the number, and more importantly, the percentage of positively charged amino acids making up the protein contributed greatly to its ability to interact with heparin. Also, the overall charge and number of putative binding sites (K/R-X-K/R) making up the protein, appears to play a role in heparin binding. For the most part, the ability of VCP to bind heparin lies in its first and fourth SCR. These two short consensus repeats possess within them the highest percentage of positive amino acids, the greatest number of putative binding sites, and have a very strong overall positive charge.

In order to better visualize the positioning of heparin binding sites in the VCP molecule, a model was developed using four known VCP module structures: VCP SCR 3, VCP SCR 4, factor H (fH) SCR 15 and fH SCR 16 – see figure 6. As can be seen in this model, heparin binding exists primarily at the ends – SCRs one and four. The middle of the molecule therefore does not contribute any to the binding (hence VCP SCR (2,3) showed no ability to bind).

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It is clear that the ability to bind polyanions, such as heparin, is crucial for the function of many immune-regulating proteins. Factor H (fH), for example, binds to the polyanion sialic acid on the surface of mammalian cells, preventing activation of the alternative pathway. Like VCP, fH is made up of SCRs, two of which have been shown to have heparin binding abilities (Blackmore, T.K., et al. 1998. *J.Immunol.* 160:3342-3348). It is postulated that these heparin-binding domains are responsible for binding sialic acid, thereby preventing alternative pathway activation. The heparin binding regions of many other proteins exhibiting heparin binding activity have been mapped (Cardin, A.D., et al. 1991. *Methods Enzymol.* 203:556-83:556-583;

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Cardin, A.D. and H.J. Weintraub . 1989. *Arteriosclerosis* 9:21-32; Marino, M., et al. 1999. *J.Biol.Chem.* 274:30377-30386; Sendak, R.A. and A. Bensadoun. 1998. *J.Lipid Res.* 39:1310-1315.; Wong, P., et al. 1995. *J.Biol.Chem.* 270:25805-25811). In most cases (including ours), binding is the result of dense regions of positively charged amino acids. These arginine and/or lysine rich regions vary in sequence and length among heparin binding proteins. Interestingly, the heparin binding sequence used by VCP and its homologs is short and relatively conserved.

In summary, by examining the heparin-binding ability of VCP, we have gained a better understanding of the molecular basis by which this interaction occurs. In addition, the data presented here further enhances our understanding of this truly unique, yet compact, multifunctional viral protein. It resembles in structure and function giant complex human complement regulatory proteins human C4b binding protein (C4b-BP) and the complement receptor 1 (CR1), respectively. Not only is VCP a miniature version of these large molecules, it has retained all the complement modulating functions, and as we have described here, added a number of additional functions to its repertoire due to its ability to bind heparin-like molecules. This better understanding may some day help in the exploitation of VCP's possible therapeutic properties in the treatment of inflammatory conditions such as restonosis, systemic lupus erythematosus, xenograft transplant rejections, and Alzheimer's Disease, the latter particularly in view of the know ability of heparin-binding proteins to stimulate neurite outgrowth in vitro (Cheng, K.W. 1992 Neurosci. Lett. 142:77-80).

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While the invention has been described and illustrated herein by references to various specific material, procedures and examples, it is understood that the invention is not restricted to the particular material, combinations of material, and procedures selected for that purpose.

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Numerous variations of such details can be implied and will be appreciated by those skilled in the art.

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### WHAT IS CLAIMED IS:

acceptable salts thereof.

- 1. A method for treating Alzheimer's Disease in a patient in need of such treatment comprising administering an effective amount of a pharmaceutical composition comprising a protein with the amino acid sequence of SEQ ID NO: 1, or a pharmaceutically acceptable salt thereof, and a pharmaceutically acceptable carrier therefor.
- 2. A method according to claim 1, wherein the carrier is aqueous.
- A method according to claim 1, wherein the composition further comprises an cholinesterase inhibitor.
  - 4. A method according to claim 3, wherein the cholinesterase inhibitor is selected from the group consisting of ambenonium, adrophonium, methylphysostigmine, neostigmine, pyridostigmine, and pharmaceutically
  - 5. A method according to claim 3, wherein the cholinesterase inhibitor is an acetylcholinesterase inhibitor.
  - 6. A method according to claim 5, wherein the acetylcholinesterase inhibitor is selected from the group consisting of tacrine, galanthamine, and pharamceutically acceptable salts thereof.
- A pharmaceutical composition suitable for treatment of Alzheimer's disease, comprising a protein with the amino acid sequence of SEQ ID NO:
   or a pharmaceutically acceptable salt thereof, and a pharmaceutically acceptable carrier therefor.

- 8. A composition according to claim 7, wherein the carrier is aqueous.
- 9. A composition according to claim 7, further comprising a cholinesterase inhibitor.

10. A composition according to claim 9, wherein the cholinesterase inhibitor is selected from the group consisting of ambenonium, adrophonium, methylphysostigmine, neostigmine, pyridostigmine, and pharmaceutically acceptable salts thereof.

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- 11. A composition according to claim 9, wherein the cholinesterase inhibitor is an acetylcholinesterase inhibitor.
- 12. A composition according to claim 11, wherein the
  15 acetylcholinesterase inhibitor is selected from the group consisting of tacrine, galanthamine, and pharamceutically acceptable salts thereof.
  - A method of detecting amyloid plaques in situ comprising providing a labeled protein with the amino acid sequence of SEQ ID

20 NO: 1;

contacting the tissue suspected of containing amyloid plaques with the labeled protein under conditions that permit the binding of the labeled protein to the amyloid plaque; and

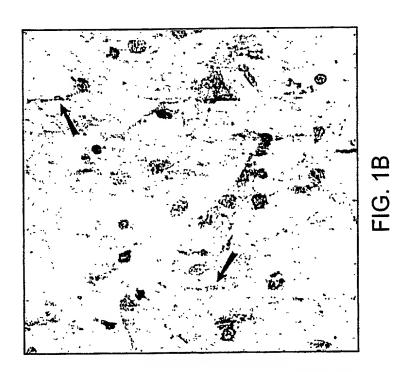
detecting the presence of the labeled protein.

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14. A method according to claim 13, wherein the label is a fluorescent label.

-71-

- 15. A method according to claim 14, wherein the fluorescent label is fluorescein.
- 16. A method according to claim 13, wherein the label is an enzymaticlabel.
  - 17. A method according to claim 16, wherein the enzymatic label is a peroxidase.
- 10 18. A method according to claim 17, wherein the peroxidase is horseradish peroxidase.



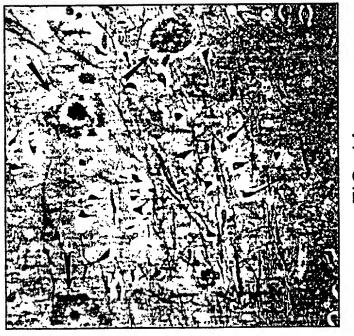
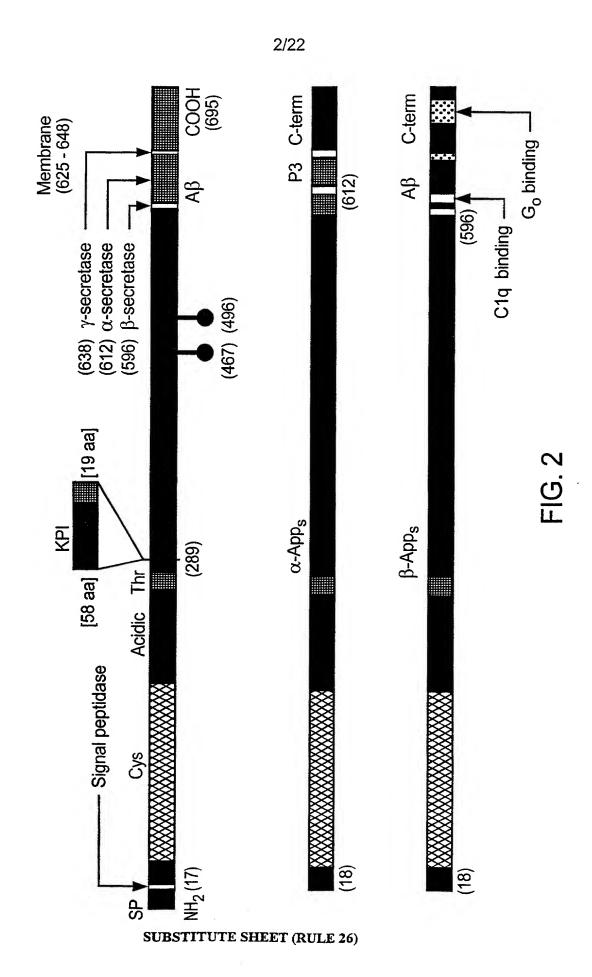


FIG. 1



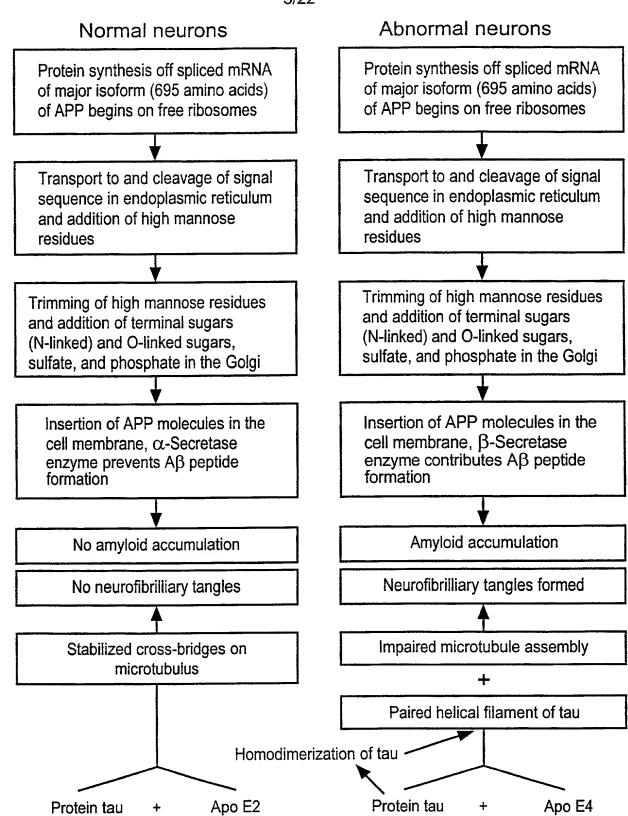
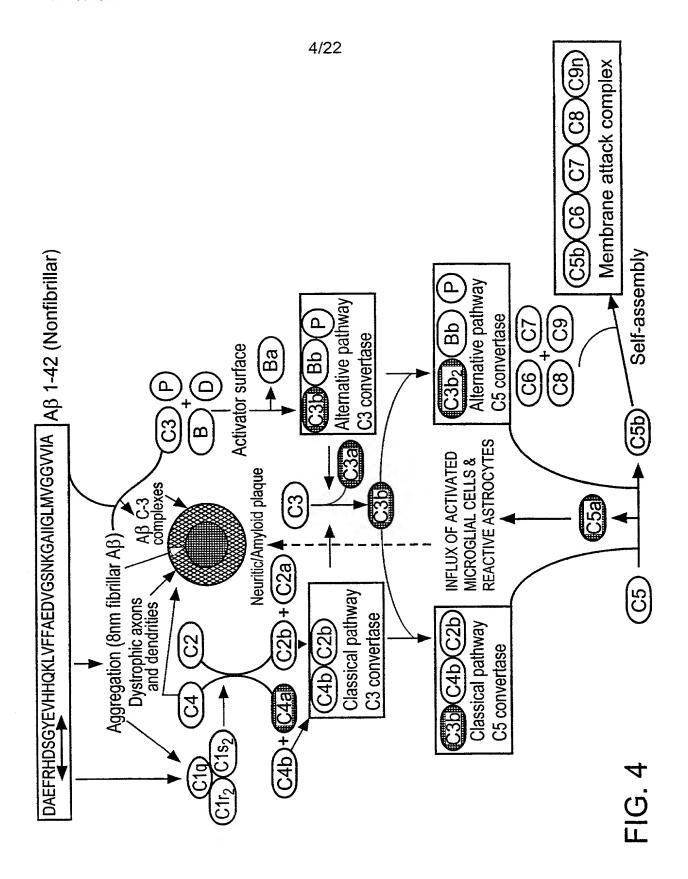
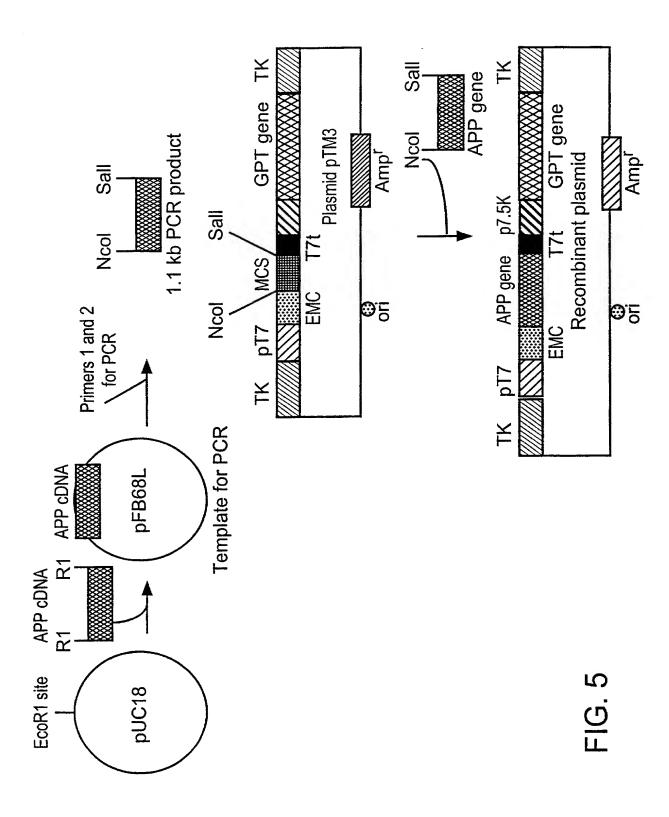
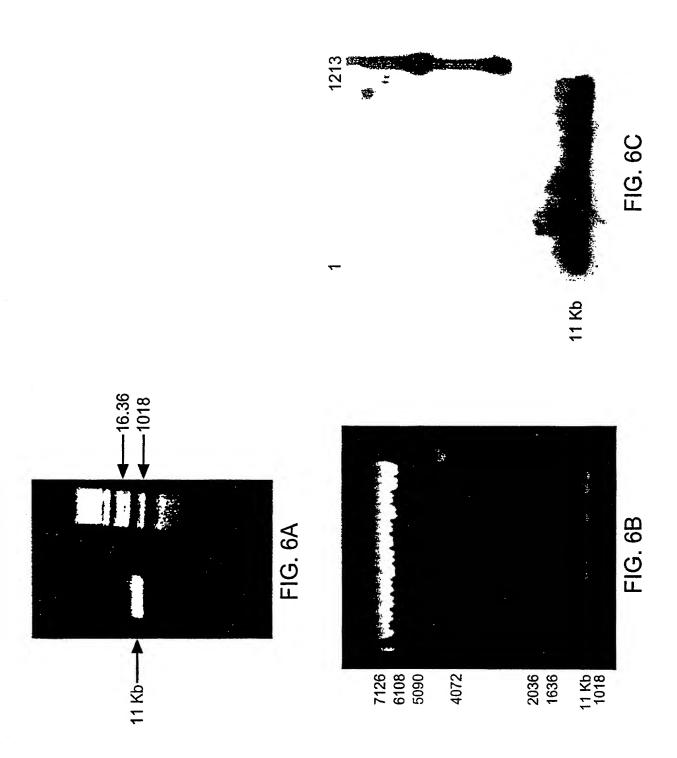


FIG. 3





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# 7/22 APP C-terminus Sequence Data

5 'TAAAAAACGTCTAGGCCCCCGAACCACGGGGACGTGGTTTTCCTTTGAAAAAC *ACGATAATA<u>CCATGG</u>*ATGCAGAATTCCGACATGACTCAGGATATGAAGTTCATC E R Η S TGGACTCATG<u>GTGGGCGGTGTTGTCATA</u>GCGACAGTGATCGTCATCACCTTGGTG G G Α  $\mathbf{T}$ V I V I ATGCTGAAGAAGAACAGTACACATCCATTCATCATGGTGTGGTGGAGGTTGACG K 0 Y S Ι Η Η G V K T V CCGCTGTCACCCCAGAGGAGCGCCACCTGTCCAAGATGCAGCAGAACGGCTACGA S K Η L Μ N <u>AAATCCAACC</u>TACAAGTTCTTTGAGCAGATGCAGAAC**TAG**AC<u>CCCCGCCACAGCA</u> Y) K F F E Q M Q N **GCCTCTG**AAGTTGGACAGCAAAACCATTGCTTCACTACCCATCGGTGTCCATTTAT AGAATAATGTGGGAAGAAACAAACCCGTTTTATGATTTACTCATTATCGCCTTTTG ACAGCTGTGCTGTAACACAAGTAGATGCCTGAACTTGAATTAATCCACACATCAGT AATGTATTCTATCTCTCTTTACATTTTGGTCTCTATACTACATTATTAATGGGTTT TGTGTACTGTAAAGAATTTAGCTGTATCAAACTAGTGCATGAATAGATTCTCCCT

GATTATTTATCACATAGCCCCTTAGCCAGTTGTATATTATTCTTGTGGTTTGTGAC

TAAGAGGATACACACGTTTGTTTCTT<u>CGTGCCTGTTTTATGTGCACAC</u>ATTAGGCA

### **Legend**

Text in *italics* is adjoining plasmid DNA.

**Bold Italicised** texts are restriction sites.

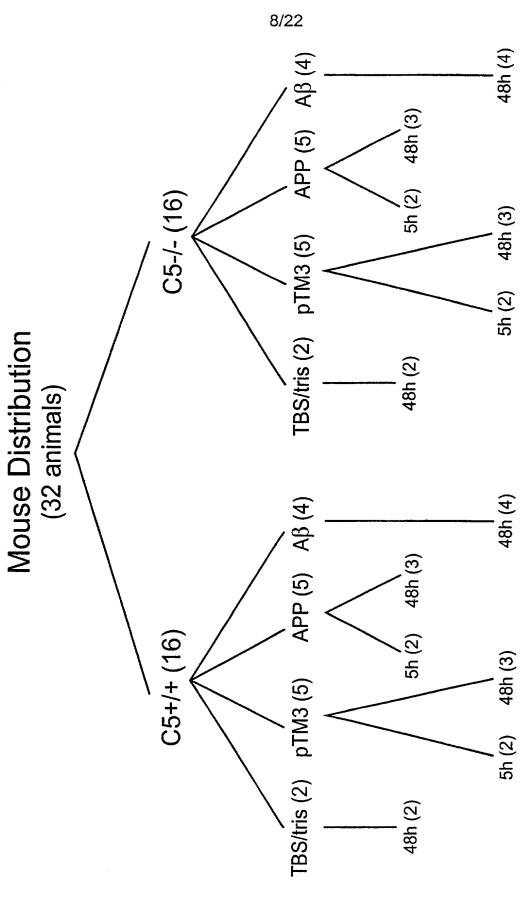
<u>Underlined</u> texts are forward and reverse primer sites used for sequencing.

Boxed text represents amino acid sequence for Aß peptide region.

Boxed) text represents amino acid sequence for endosome targeting.

Highlighted text represents transmembrane domain.

FIG. 7



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FIG. 9A

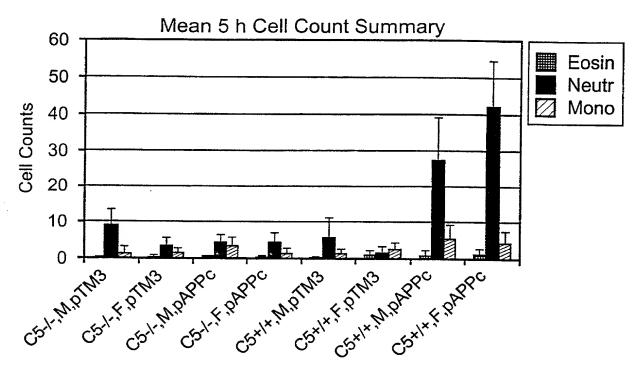
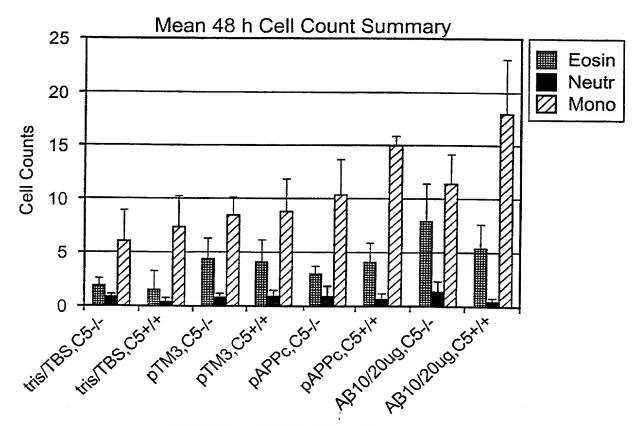
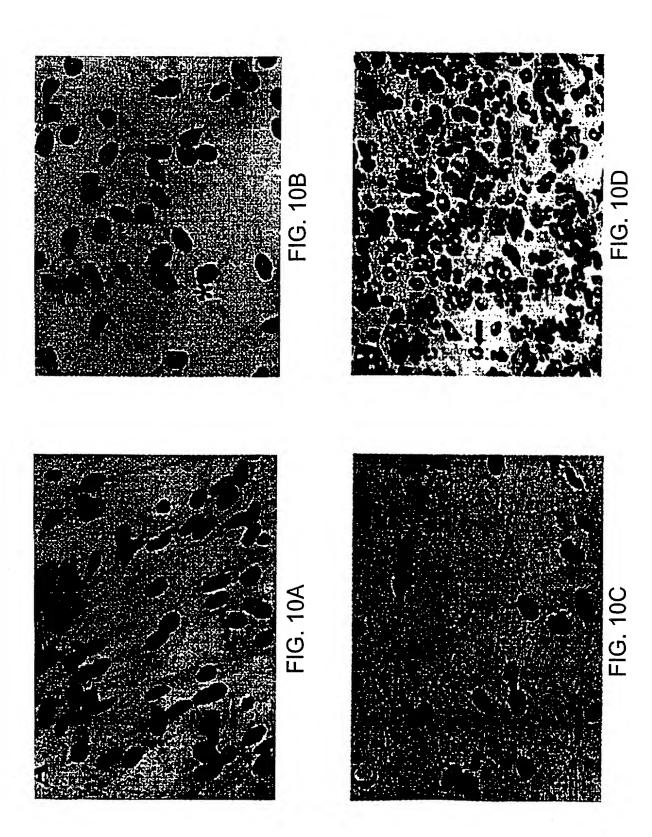
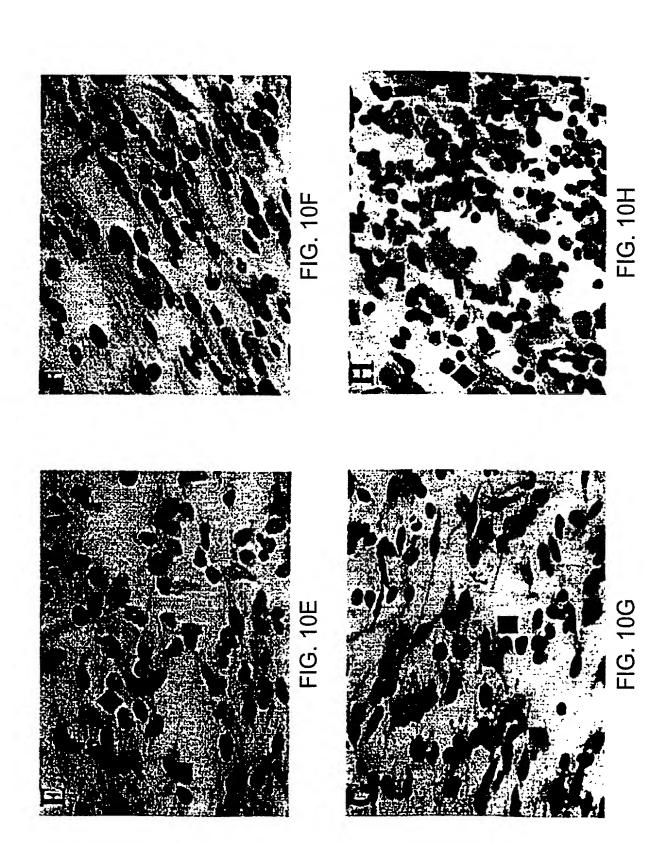


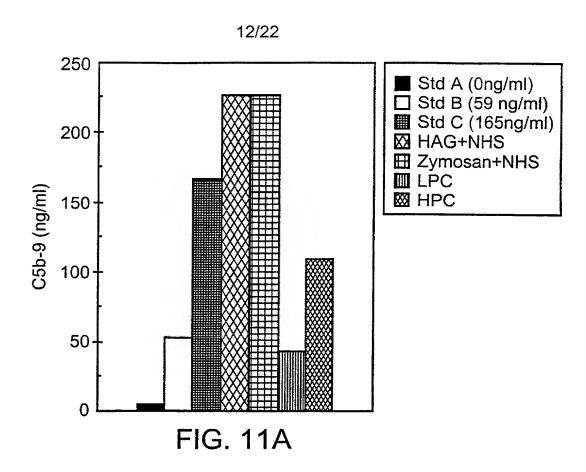
FIG. 9B

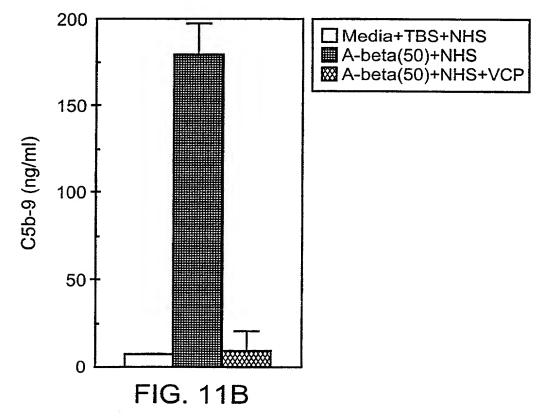


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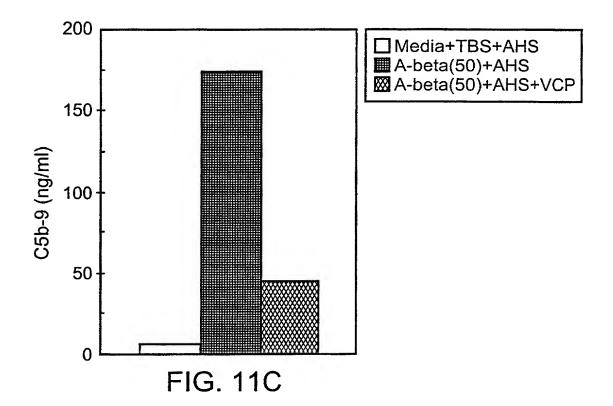


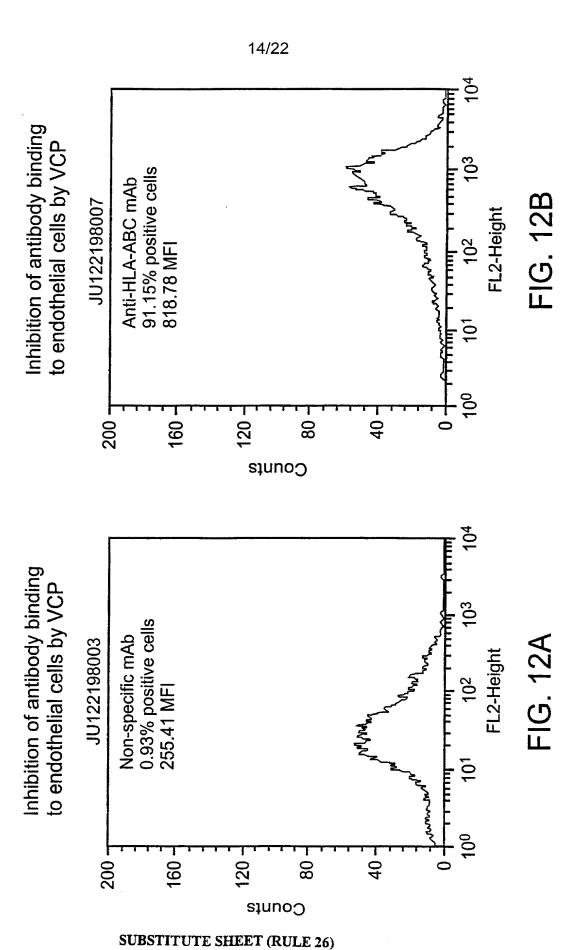


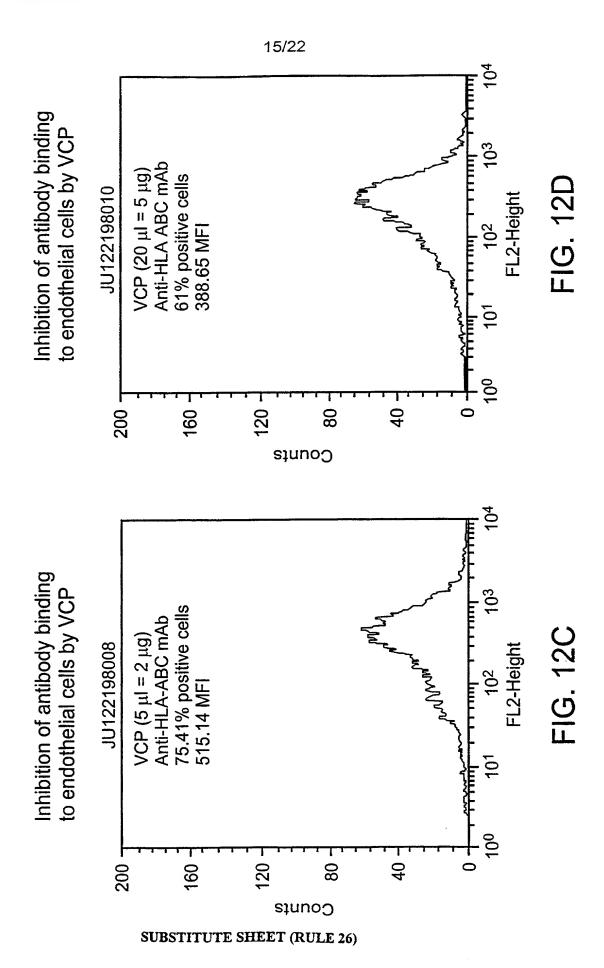




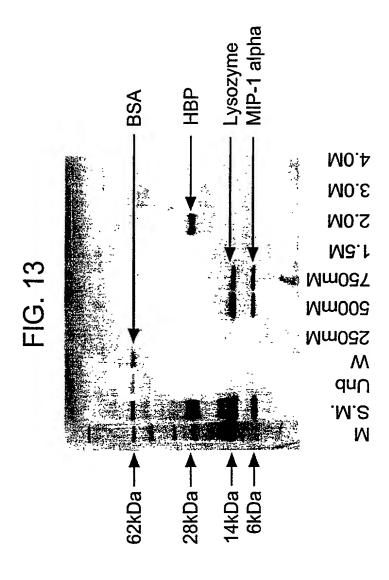
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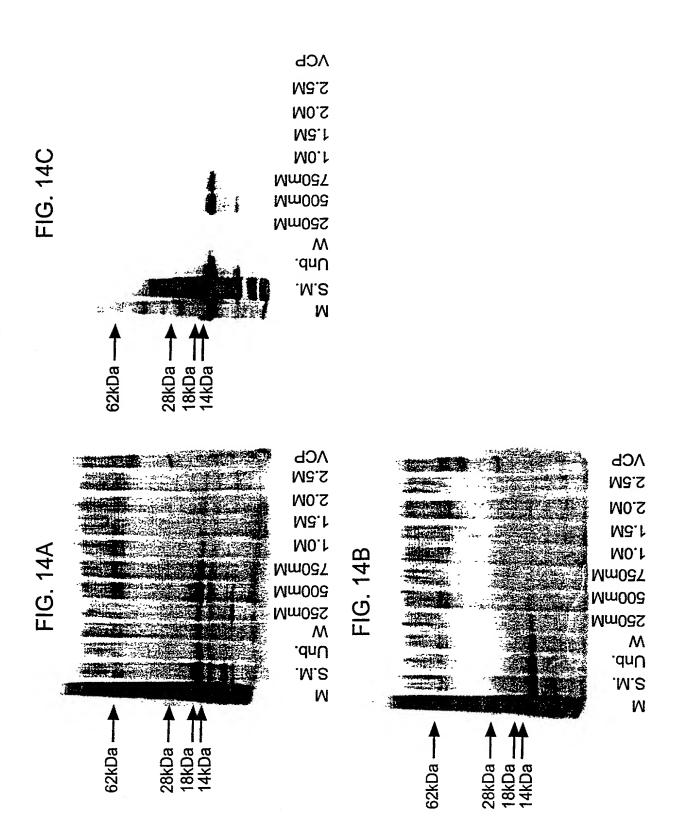


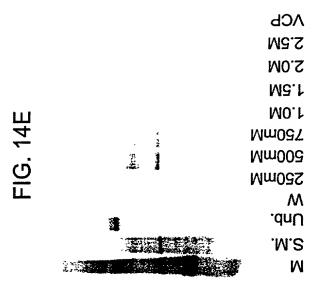


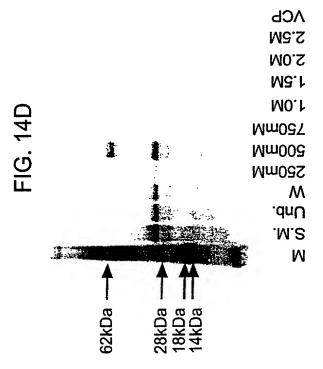


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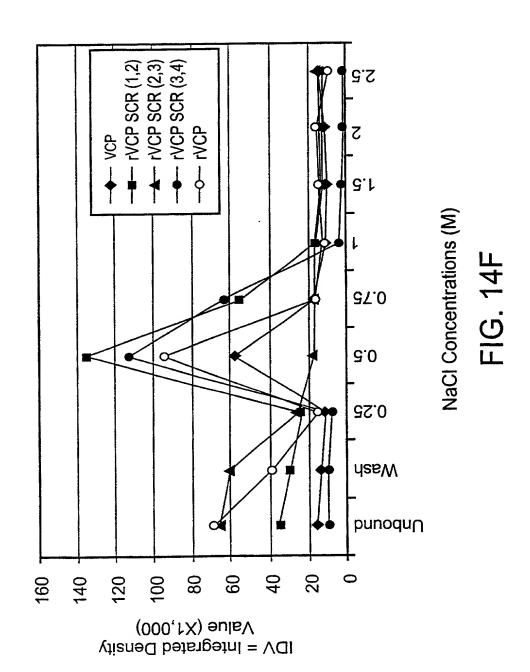
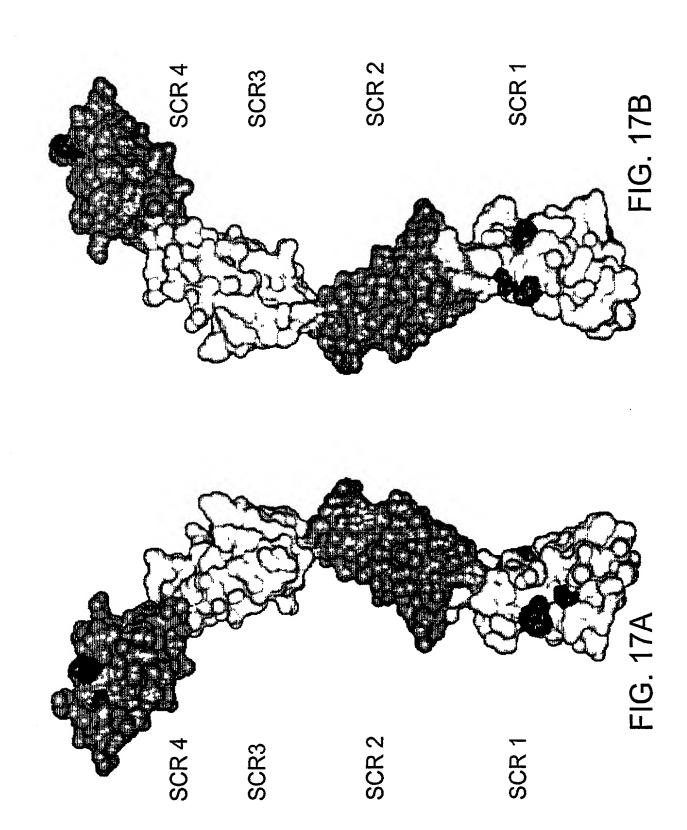


FIG. 15	20/22	- (3,4) (2,3,4)	
CCTIPSRPINMKFKNSVETDANANYNIGDTIEYLCLPGYRKQKMGPIYAKCTGTGWTLFNQCI  P T T T T T  Y	KRRCPSPRDIDNGQLDIGGVDFGSSITYSCNSGYHLIGESKSYCELGSTGSMVWNPEAPIGE  K. I. E. Y. Y. K.	SVKCQSPPSISNGRHNGYEDFYTDGSVVTYSCNSGYSLIGNSGVLCSGGEWSDPPTCQ  P. VT  L  L  L  N  L  N  L  N  L  N  L  N  L  N  L  N  L  N  L  N  L  N  L  N  L  N  N	GYLSSGFKRSYSYNDNVDFKCKYGYKLSGSSSSTCSPGNTWKPELPKCVR  O  T  T  K. LAA
(1-4) (1,2) 11. (1,2,3) 11. (7) 11. (1,2,3) 11. (1,2,3) 11. (1,2,3) 12. (1,2,3) 13. (1,2,3) 14. (1,2,3) 15. (1,2,3) 16. (1,2,3) 17. (1,2,3) 18. (1,2,3	11. 11. 77. 25. 25. 81.	L (3,4) 11: (3,4) 71: P 71: S 51: S 51: S	L 11L 7L 7L 5L 5L 8L 5L
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				21/	22				
# of Putative Sites pI (K/R X K/R)	4	က	4	8	က	<b>←</b>	~		
Id	8.80	7.22	8.80	7.22	7.00	4.41	9.08		
%K + R	9.43	8.00	9.43	8.79	9.60	5.83	9.24	Ω.	
* + R	23	16	23	16	12	7	7	ats (SCR	
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Inhabition of Hemolysis	+	+	+	I	l	I	I	Short Consensus Re	Ī
								-C-P	
	VCP/IMP/SPICE	MPV Homolog of VCP	rvcp	rVCP SCR (2,3,4)	rVCP SCR (1,2)	rVCP SCR (2,3)	rVCP SCR (3,4)		

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COMBINED DECLARATION FOR	PATENT APPLICATION AND P	OWER OF ATTORNEY	Attorney's Docket No.
(Includes Reference to Provision	al and PCT International Applica	ations)	032513-010
As a below named inventor, I he My residence, post office addres I believe I am the original, first (if plural names are listed below entitled:	s and citizenship are as stated be	ame is listed below) or an orl	ginal, first and joint inventor nt is sought on the invention
APPLICATION OF A VIRAL	COMPLEMENT INHIBITORY	PROTEIN IN THE TREAT	MENT
AND DIAGNOSIS OF ALZHE	IMER'S DISEASE		
the specification of whi	ch (check only one item below):		
is attached hereto			
	ed States application		
and was amended			
on		(if applicable).	
■ was filed as PCT	international application		
Number PCT/U	US00/01115		
on 19 January			
and was amended	1	(if applicable)	
	•		
amended by any amendment ref	ferred to above.		fication, including the claims, as
I acknowledge the duty to discle Title 37, Code of Federal Regu	ose to the Office all information lations, §1.56.	known to me to be material	to patentability as defined in
certificate or any PCT internation filed by me on the same subject	or of any PCT international apple below and have also identified lonal application(s) designating a matter having a filing date before	below any foreign application tleast one country other than ore that of the application(s) of the application (s)	n(s) for patent or inventor's the United States of America of which priority is claimed:
PRIOR FOREIGN/PCT APPLI	CATION(S) AND ANY PRIOF	RITY CLAIMS UNDER 35	U.S.C. §119:
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. §119
			_ Yes _ No
			_ Yes _ No
			_ Yes _ No
			_ Yes No
			_ Yes _ No
I hereby claim the benefit unde below.	er Title 35, United States Code §	3 119(e) of any United States	provisional application(s) listed
60/116,328		19 January 1999	<del></del>
(Application N	umber)	(Filing Date)	

(Application Number)

(Filing Date)

COMBINED DECLARATION FOR PATENT	APPLICATION	AND POWER	OF ATTORNEY	(CONT'D)
(Includes Reference to Provisional and PC	T International	Applications)		

Attorney's Docket No. 032513-010

I hereby claim the benefit under Title 35, United States Code, §120 of any United States applications(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose to the Office all information known to me to be material to the patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120:

	U.S. FILING DATE	PATENTED		
	U.S. FILING DATE		PENDING	ABANDONED
ATIONS DESIGNATING	THE U.S.			
PCT FILING DATE	U.S. APPLICATION NUMBERS ASSIGNED (if any)			
	ATIONS DESIGNATING PCT FILING DATE	1	U.S. APPLICATION NUMBERS	U.S. APPLICATION NUMBERS

I hereby appoint the following attorneys and agent(s) to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

33,815 Bruce T. Wieder 34,040 Todd R. Walters Ronni S. Jillions 31,979 36,341 Harold R. Brown III Allen R. Baum 36,086 Brian P. O'Shaughnessy 32,747 36,075 Kenneth B. Leffler 32,236 Fred W. Hathaway 34,456 Wendi L. Weinstein 34,576 Mary Ann Dillahunty

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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